State of California
Department of Health Services

CENTERS FOR MEDICARE & MEDICAID SERVICES

APPROVED RENEWAL

HOME AND COMMUNITY-BASED SERVICES WAIVER

for the

DEVELOPMENTALLY DISABLED

Control Number 0336

October 1, 2001 – September 30, 2006

To the Secretary
of the
United States Department of Health and Human Services
in accordance with
Section 1915(c) of the Social Security Act

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SECTION 1915(c) WAIVER FORMAT

1. The State of California requests a Medicaid home and community-based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in Appendix A.

   This is a request for a model waiver.

   a.____ Yes b.__X__ No

   If yes, the State assures that no more than 200 individuals will be served by this waiver at any one time.

   This waiver is requested for a period of (check one):

   a.____ 3 years (initial waiver)

   b.__**X**__ 5 years (renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following levels(s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:

   a.___ Nursing facility (NF)

   b.__X__ Intermediate care facility for mentally retarded or persons with related conditions (ICF/MR)

   c.___ Hospital

   d.___ NF (served in hospital)

   e.___ ICF/MR (served in hospital)

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible for waiver services:

a.___ aged (age 65 and older)

b.___ disabled

c.___ aged and disabled

d.___ mentally retarded

e.___ developmentally disabled

f._X_ mentally retarded and developmentally disabled

g.___ chronically mentally ill

4. A waiver of section 1902(a)(10)(B) of the Act is also requested to impose the following additional targeting restrictions (specify):

a.___ Waiver services are limited to the following age groups (specify):

_____
_____
_____
_____

b.___ Waiver services are limited to individuals with the following disease(s) or condition(s) (specify):

_____
_____
_____
_____

c.___ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active treatment at the level of an ICF/MR.

d**. X** Other criteria. (Specify):

- **California uses the State's definition of "developmentally disabled" for the target population of this waiver, as defined in the California Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code, Section 4512(a), as follows:**

  "Developmental disability" means a disability which originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include disabling conditions found to be closely related to mental retardation, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.

- The following additional criteria are used to limit who will receive services under the waiver.

  This waiver will serve developmentally disabled Medi-Cal beneficiaries who, in the absence of this waiver, would otherwise require care in any one of the following types of facilities. Each of these facilities meet the Federal requirements of ICF/MR:

  1. Intermediate care facility services for the developmentally disabled (ICF-DD), pursuant to Title 22, California Code of Regulations (CCR), Section 51343; or

  2. Intermediate care facility services for the developmentally disabled habilitative (ICF-DDH), pursuant to Title 22, CCR, Section 51343.1; or

  3. Intermediate care facility services for the developmentally disabled-nursing (ICF/DD-N), pursuant to Title 22, CCR, Section 51343.2.

- For purposes of this waiver, waiver services to those individuals under the age of 21 years of age will be only those services otherwise not covered

under the authority of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services program, pursuant to Section 1905(r) of the Social Security Act.

- **Consumers shall only be enrolled in one HCBS Waiver at any one time.**

e.___ Not applicable.

5. Except as specified in item 6 below, an individual must meet the Medicaid eligibility criteria set forth in Appendix C-1 in addition to meeting the targeting criteria in items 2 through 4 of this request.

6. This waiver program includes individuals who are eligible under medically needy groups.

a.__X__ Yes b.____ No

7. A waiver of §1902(a)(10)(C)(i)(III) of the Social Security Act has been requested in order to use institutional income and resource rules for the medically needy.

a. __X__ Yes b. ___ No c.___N/A

8. The State will refuse to offer home and community-based services to any person for whom it can reasonably be expected that the cost of home or community-based services furnished to that individual would exceed the cost of a level of care referred to in item 2 of this request.

a.___ Yes b.__X__ No

9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.

a.____ Yes b.__X__ No

If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):

_____

10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.

11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:

a.___ Case management

b._X_ Homemaker

c._X_ Home health aide services

d.___ Personal care services

e._X_ Respite care

f.___ Adult day health

g._X_ Habilitation

__**X**__ Residential habilitation **for children services.**

_X_ Day habilitation

_X_ Prevocational services

_X_ Supported employment services

___ Educational services

h._X_ Environmental accessibility adaptations

i._X_ Skilled nursing

j._X_ Transportation

k. X Specialized medical equipment and supplies

l. X Chore services

m. X Personal Emergency Response Systems

n. ___ Companion services

o. ___ Private duty nursing

p. X Family training

q. ___ Attendant care

r. X **Adult** Residential Care

- X Adult foster care
- X Assisted living
- X **Supported Living Services**

s. ___ Extended State plan services (Check all that apply):

- ___ Physician services
- ___ Home health care services
- ___ Physical therapy services
- ___ Occupational therapy services
- ___ Speech, hearing and language services

___ Prescribed drugs

___ Other (specify):

t. X Other services (specify):

- Vehicle Adaptations
- Communication Aides
- Crisis Intervention:
  - Crisis Intervention Facility Services
  - Mobile Crisis Intervention
- Nutritional Consultation
- Behavior Intervention Services

u.___ The following services will be provided to individuals with chronic mental illness:

___ Day treatment/Partial hospitalization

___ Psychosocial rehabilitation

___ Clinic services (whether or not furnished in a facility)

12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.

13. An individual written plan of care will be developed by qualified individuals for each individual under this waiver. This plan of care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the plan of care. FFP will not be claimed for waiver services which are not included in the individual written plan of care.

14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR.

15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):

a. **X** When provided as part of respite care in a facility approved by the State that is not a private residence (hospital, NF, foster home, or community residential facility).

b. ___ Meals furnished as part of a program of adult day health services.

c. X When a live-in personal caregiver (who is unrelated to the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver recipient. FFP for rent and food for a live-in caregiver is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. An explanation of the method by which room and board costs are computed is included in Appendix G-3.

This will only be done as part of Supportive Living Services.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

16. The Medicaid agency provides the following assurances to HCFA:

a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:

1. Adequate standards for all types of providers that furnish services under the waiver (see Appendix B);

2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and

3. Assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

b. The agency will provide for an evaluation (and periodic reevaluations, at least annually) of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future (one month or less), but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in Appendix D.

c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, and is included in the targeting criteria included in items 3 and 4 of this request, the individual or his or her legal representative will be:

1. Informed of any feasible alternatives under the waiver; and

2. Given the choice of either institutional or home and community-based services.

d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice, or the provider(s) of their choice.

e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.

f. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.

g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.

h. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by HCFA.

i. The agency will assure programmatic and financial accountability, including ~~for~~ funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate programmatic and financial records documenting the extent and cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502. All audits will conform with a) generally accepted auditing standards; and b) Goverment Auditing Standards issued by the Comptroller General of the United States.

17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality The results of the assessment will be submitted to HCFA at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.

    a.___ Yes b. **X** No

18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served on the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to waiver persons served on the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

19. An effective date of **October 1, 2001** is requested.

20. The State contact person for this request is Patricia Lof, Chief, Long-Term Care Options Unit, **Rate Development Branch, Medi-Cal Policy Division**, who can be reached by telephone at (916) 654-3142 .

21. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature: _____

Print Name: **Gail L. Margolis**

Title: Deputy Director
Medical Care Services
Department of Health Services

Date: _____

APPENDIX A - ADMINISTRATION

LINE OF AUTHORITY FOR WAIVER OPERATION

CHECK ONE:

___ The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

_X_ The waiver will be operated by the Department of Developmental Services (DDS), a separate agency of the State, under the supervision of the Department of Health Services (DHS), the Medicaid agency. ~~The Medicaid agency exercises~~ DHS will exercise administrative discretion in the administration and supervision of the waiver ~~and issues policies, rules and regulations related to the waiver.~~ and shall review any DDS waiver-related policies, procedures, rules or regulations for consistency with the waiver, Medicaid statutes and regulations and will approve prior to issuance the DDS Waiver Policy Manual, waiver program advisories, waiver technical letters and such other policies, procedures, rules or regulations that DHS may identify as specific to **the HCBS Waiver or any other Medicaid-related issues**. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

___ The waiver will be operated by _____, a separate division within the Single State agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

ATTACHMENT TO APPENDIX A

ROLES AND RESPONSIBILITIES

ROLES AND RESPONSIBILITIES

I. DEPARTMENT OF HEALTH SERVICES - MONITORING AND OVERSIGHT

Administration

The California Department of Health Services (DHS) is the Medicaid Single State Agency. DHS has established an Interagency Agreement (IA) with the Department of Developmental Services (DDS) to administer the waiver program. DHS will exercise administrative discretion in the administration and supervision of the waiver and shall review any DDS waiver-related policies, procedures, rules or regulations for consistency with the waiver, Medicaid statutes and regulations and will approve prior to issuance the DDS Waiver Policy Manual, waiver program advisories, waiver technical letters and such other policies, procedures, rules or regulations that DHS may identify as specific to **the HCBS Waiver or any other Medicaid-related issues**.

DHS will perform the following general administrative functions:

- Ensure technical compliance and correctness of the IA and any related subcontracts;
- Maintain information appropriate to the fiscal and programmatic requirements delineated in the IA;
- Operate and maintain an invoice tracking, payment and reconciliation process;
- Review and approve required reports;
- Review, negotiate and approve amendment requests for the IA; and
- Work jointly with DHS Audits and Investigations Division (A&I) to develop documents and guidelines to be used for monitoring fiscal and programmatic aspects of the IA.

Monitoring and Oversight -- Program Services/Health and Welfare

DHS, Medi-Cal Operations Division, (MCOD) is assigned the responsibility of development and maintenance of the DHS Monitoring and Oversight Protocol for the DDS Medicaid program services and health and welfare. DHS-MCOD will work collaboratively with DDS, DHS A&I, and

independently to ensure the waiver program and services are implemented in accordance with Medicaid statute, regulations and waiver requirements. DHS-MCOD carries out this responsibility by:

- Monitoring reviews per the DHS Oversight Protocol, including but not limited to the following functions:

    1. DDS/DHS collaborative regional center monitoring reviews biennial (10-11 regional centers per year).

    2. Follow-up reviews -- will be completed when it is necessary to ascertain whether the areas of non-compliance have been corrected. The nature and extent of non-compliance dictates the scope of the follow-up review.

    3. DHS independent focused reviews (announced or unannounced) – a follow-up review to investigate significant special incident reports, (selection basis could include, but not limited to, gravity of event or unusual nature of circumstances) consumer/advocate complaints or HCFA concern/requests for investigation.

    4. Full-scope monitoring reviews -- an activity over and above routine monitoring reviews. It includes other departmental branches in addition to DDS-HCBS Section and DHS-MCOD and is intended to be carried out when: (a) there is a failure of fiscal audit, (b) lack of response to a corrective action plan, (c) when in the course of a monitoring review, DHS or DDS needs assistance from other departmental branches, (d) when DHS elects to conduct a full scale review based on evidence of inadequate case management and/or poor fiscal management by a regional center.

- DHS-MCOD will refer all fiscal integrity issues, identified during DHS monitoring reviews, to DDS Audits and DHS A&I for investigation, and to DDS Federal Programs Operations Section and DHS Medi-Cal Policy Division for information.

The DHS Oversight Protocol for the DDS Medicaid waiver program is intended to delineate performance monitoring, analysis, and evaluation activities to be performed by DHS as the single State agency, in monitoring the DHS/DDS Interagency Agreement, DDS compliance with State and Federal laws and regulations, and DDS adherence to the conditions of the waiver.

Fiscal Oversight

DHS Audits and Investigation Division (A&I) is assigned the responsibility of fiscal oversight for the DDS Home and Community-Based Services (HCBS) Waiver program. DHS A&I will work collaboratively with DDS, DHS-MCOD, and independently to ensure the waiver program and services are implemented in accordance with Medicaid statute, regulations and waiver requirements. DHS A&I responsibilities are to:

- Monitor DDS compliance with fiscal provisions as defined under the Interagency Agreement relative to audits of regional centers.
- Review DDS audit protocol to ensure compliance with the HCBS Waiver.
- Ensure that DDS audits of regional centers are conducted on a biennial basis.
- Ensure that audits conducted by DDS are in accordance with established protocols and meet Generally Accepted Government Auditing Standards requirements.
- Ensure that DDS and regional centers are conducting fiscal reviews of vendors.
- Refer and follow-up any program integrity issues identified during oversight activities to DHS-MCOD and DDS Federal Programs Operations Section for investigation, and to DDS Audits and DHS Medi-Cal Policy Division for information.
- Review working papers prepared by DDS audit staff of regional centers on a sample basis and attend entrance and exit conferences of selected regional center audits.
- Participate in full-scope monitoring reviews as required.
- Issue an annual report to DHS Director and to HCFA that summarizes oversight functions performed.

II. DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS) - ADMINISTRATION AND OVERSIGHT

Administration and Fiscal Intermediary

Through an interagency agreement with the Department of Health Services (DHS), DDS is responsible for serving as the fiscal intermediary for DHS in the payment for home and community based waiver services provided to persons with developmental disabilities through the California regional center system. DDS performs the following general administrative functions:

- Operating billing and payment systems.
- Maintaining consumer data and management information systems.
- Ensuring provider agreement and standards of participation.
- Preparing required reports.
- Promulgating necessary policies and procedures for use by regional centers.

Monitoring and Oversight of Regional Centers

DDS contracts with 21 private, not for profit corporations to operate regional centers which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS waiver services are provided through this system. It is DDS' responsibility to ensure, with the oversight of DHS, that the waiver is implemented by regional centers in accordance with Medicaid statute and regulation. DDS carries out this responsibility through the existing waiver compliance review process, as described below.

Audits and Financial Accountability:

DDS performs fiscal audits of each regional center no less than every two years, and completes follow-up reviews of each regional center in alternate years. DDS will continue to require regional centers to contract with independent auditors to conduct an annual audit. The DDS audit is designed to "wrap around" the independent CPA audit to ensure comprehensive financial accountability.

DDS coordinates its activities with DHS Audits and Investigations, who review DDS' audit reports of the Regional Centers.

Program Policy Compliance

- The DDS review team includes DHS staff, with specific duties assigned to prevent duplication of effort by the two departments
- The review cycle is conducted every two years.
- The consumer sample consists of 50, 25 of whom will receive face-to-face visits. Additionally, ten consumers who had reportable special incidents during the review period will be selected for a review of their records.
- The face-to-face visits include interviews with the consumer and his/her family or significant others and on-site observation of programs.
- A sample of serious incidents will be selected to assess the extent to which identified problems or issues were addressed in a timely and appropriate manner to continuously assure the health and safety of participants.
- DDS may on their own, or in response to a complaint, do unannounced visits to a regional center or a provider.

Program Policy Follow-up Compliance Reviews

During the off-year cycle of the two-year reviews, DDS and DHS conduct a comprehensive follow-up monitoring and compliance review at each of the 21 regional centers. This follow-up review focuses on the areas requiring implementation of a corrective action plan as identified by the previous compliance review, and progress in areas of recommended changes. DDS provides on-going training and technical assistance as needed during the review process. The training and technical assistance covers, at a minimum, all aspects of the waiver program, and is designed to address the needs of administrators, case managers and clinicians. Because the training and technical assistance is tailored to each individual regional center's needs and is delivered on-site, it affords maximum opportunity to follow up on issues identified in the compliance reviews.

Quality Assurance

The Department oversees the overall design and operation of a quality assurance program which allows it to continually plan, assess, assure, and improve the quality and effectiveness of services and the level of satisfaction of consumers. The system is outcome-based, focusing primarily on its customers, but also on its services and operations.

The following are the key components of the state's quality assurance system:

- Through the planning team, development and periodic review of an individualized program plan for each consumer that addresses his or her health, living, and support needs.

- For licensed residential health and community care facilities, annual certification and licensing evaluations by DHS and the Department of Social Services, respectively.

- Through the Life Quality Assessment (LQA) process during a face-to-face meeting, evaluation in the areas of health and well-being, choice, relationships, lifestyle, rights, and satisfaction for every consumer receiving community residential services and supports. The area boards have responsibility for completion of the LQA.

- Quarterly monitoring by the regional center for each person living in licensed residential health and community care facilities or receiving services from supported living or family home agencies.

- Enhanced case management for individuals moving from developmental centers to community living arrangements.

- Department and regional center review and follow-up on special incidents.

- Annual review by the regional centers of each community residential care facility to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.

- Regional Center Quality Assurance Team evaluations of licensed community care facilities at least once every three years.

- Review and investigation of health and safety complaints by protective services agencies, the state long-term-care ombudsman, area boards, Protection and Advocacy, the Department, regional centers, licensing agencies and/or law enforcement agencies.

- Training and technical assistance provided by the Department, regional centers, and the Department of Social Services' Technical Support Program to enhance service quality.

In addition to the above activities, the Department plans to:

- Continue implementation of a statewide, interagency Wellness Initiative to improve the health and well-being of all consumers through increased access to medical, dental and mental health services.

- Through face-to-face interviews, track individuals that move into the community from state developmental centers to ensure that all necessary services and supports are provided.

- Annually review a random sample of individual program plans at each regional center to assure that the provision of services to individuals is effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

- Contract with Protection and Advocacy, Inc. for clients' rights advocacy services to individuals with developmental disabilities residing in the community.

HCBS WAIVER INTERAGENCY OVERSIGHT PLAN

	REGIONAL CENTERS	DDS	DHS	DSS/CCL
FISCAL INTEGRITY ***- overall fiscal integrity*** ***- paper trail for federal billing*** ***-prior authorization*** ***- third party liability*** ***- service code utilization*** ***- federal single audit act***	1. Annual CPA audits. 2. Provider audits.	1. "Wrap-around" Audits of RCs on a two-year schedule. 2. Follow-up for compliance in alternate years. 3. Special audits of providers. 4. Provider audit appeals.	1. Review and approve DDS audit protocols. 2. Review and approve DDS audits of RCs & service providers. 3. DHS-MCOD will refer fiscal integrity issues, identified during DHS monitoring reviews to DDS Audits and DHS A&I for investigation.	N/A
PROGRAM POLICY COMPLIANCE ***- interagency agreement*** ***- level-of-care determinations*** ***- freedom of choice*** ***- provider agreements*** ***- plans of care (IPPs) and annual reviews.*** ***- complete records***		1. Expanded federal compliance reviews on a 2 year schedule: - 50 record reviews - 25 face to face reviews 2. Follow-up reviews, training and technical assistance as needed during off years 3. DDS may do unannounced visits to a regional center or a provider.	1. Develop and monitor Interagency Agreement. 2. DHS Oversight Protocol - DDS/DHS biennial RC Monitoring Reviews. - Follow-up Reviews. - Full-scope Monitoring Reviews. - Remain apprised of DDS application of sanctions. 3. DHS-A&I will refer/follow-up program integrity issues, identified during DHS monitoring reviews to DHS-MCOD and DDS for investigation.	N/A
CONSUMER HEALTH AND WELFARE ***Ensuring that all waiver consumers are healthy, safe and receiving appropriate, quality services.***	1. Case management at 1:62. 2. Quarterly face to face for monitoring. 3. Clinical teams consultation and monitoring	1. Face-to-face reviews during scheduled RC visits. 2. Interviews 3. Wellness projects. 4. Training 5. Unannounced visits to RC or provider (see #3 above) 6. Data collection/Trend analysis	1. Oversight Protocol. 2. DHS Independent Focused Review. 3. Review data collection/trend analysis provided by DDS.	1. Unannounced annual visits. 2. Complaint investigations. 3. Incident Report review. 4. Administrator certification. 5. Technical support
COMMUNITY CARE FACILITY COMPLIANCE AND QUALITY ASSURANCE	Quarterly monitoring	Training program for CCFs.	Refer issues identified during DHS monitoring reviews, related to non-compliance with CDSS, CCL requirements to CDSS for investigation.	Annual reviews.

III. DEPARTMENT OF SOCIAL SERVICES (CDSS) - MONITORING AND OVERSIGHT PROCEDURES FOR COMMUNITY CARE FACILITIES (CCF)

Developmentally disabled consumers that are part of the home and community-based waiver are frequently placed in facilities licensed by CDSS. The Community Care Facilities Act mandates that community care facilities be inspected to verify compliance with licensing laws and regulations. The following is a description of the oversight procedures and the types of visits conducted by CDSS Community Care Licensing Division (CCLD):

A. Monitoring Activities

Pre Licensing

A scheduled announced Pre Licensing visit is conducted to ensure that a facility is in compliance with physical plant requirements before a license is approved.

Annual Evaluations

All CCFs are inspected annually and core requirements are always reviewed. Core requirements include but are not limited to, staff criminal record clearance, health-related and food services, care and supervision and physicial plant conditions. The annual visits are unannounced and can be a comprehensive, in-depth review of a facilities operation. The scope of the annual review is based on the facilities compliance history. A facility that has been maintained in substantial compliance may have an annual review that does not include certain aspects that have been looked at during the previous annual visit and found to be in compliance. For instance, if client files were reviewed during the previous annual visit and found to be in compliance, client files might not be reviewed at the next annual visit.

A complete report including what was reviewed, deficiencies observed and a plan for correcting those deficiencies is prepared at the time of the visit. The licensing analyst reviews the report with the licensee, administrator, or designee and the licensee, administrator, or designee, in consultation with the licensing analyst, creates the Plan of Correction (POC) for the deficiencies. The time frame to complete the corrections must correlate with the severity of the violation. Violations that threaten the health and safety of clients could have a POC due date of less than 24 hours. Less serious violations may be corrected in a maximum of 30 days.

Plan of Correction Visit

A plan of correction visit is made to verify the correction of previously cited deficiencies (documented evidence of correction of some deficiencies may be submitted by mail). The visit is unannounced and must be made within 10 days of the agreed upon correction date. If deficiencies are not corrected, a civil penalty may be assessed.

Management Visits

Management visits are follow-up visits to verify the facilities continued compliance. The visits are unannounced and are made as often as necessary depending on the nature of the violation or concern.

Complaints

Complaints or allegations of a violation of licensing regulations are accepted by telephone, mail or in person. All complaint allegations are investigated and a site visit must be conducted within 10 days of receipt of the complaint. All analysts receive training in complaint investigations and various methodologies are used to determine whether a violation has occurred. Supervisors review all completed investigations. Complaints involving serious physical abuse, sexual assault or suspicious deaths are referred to CCLD's Regional Investigative Services. Each of CCLD's four regions has a staff of approximately 10 investigators who have peace officer status. In cases where local law enforcement is conducting a criminal investigation of the abuse suspects, both entities coordinate their investigations and share reports.

At the initial complaint visit the licensee is given an estimated date of completion of the complaint investigation. Once the complaint investigation is concluded, the licensee is given a complete report with the complaint findings. All complaints are confidential during the investigation. Reports involving substantiated or inconclusive findings are available to the public and maintained at the respective CCLD District Office once the investigation has concluded. Unfounded complaint reports are placed in the confidential section of the facility file and are not available for public viewing.

Incident Report Follow-up Investigation

Incident reports are not recorded as complaints. However, an investigation may be required depending on the nature of the incident, especially if abuse or neglect is suspected. For example, it may be necessary to obtain copies of police reports, medical records, death

certificates, etc., to ensure the client received the necessary medical treatment and the licensee was not in violation of any regulation. The investigation may require interviews with victims, witnesses to the incident, and other clients in care. If the documents and information collected during the investigation are complete and address all the issues and concerns regarding the incident, it may not be necessary to conduct additional interviews or make a facility visit. For instance, if a serious injury or death has occurred which has been investigated by law enforcement, a copy of the police, sheriff or coroner's report may be sufficient.

If a questionable death has occurred, an investigation by CCLD must always be conducted. In these situations, analysts evaluate the incident report carefully and then formulate a plan to collect, examine and analyze all the facts and evidence available.

Technical Support

The CCLD Technical Support Program (TSP) assists residential care providers achieve and maintain compliance with licensing regulations. The use of the TSP is on a voluntary basis and facilities that the Department has identified as having compliance issues are given highest priority for this service. Technical Support staff provide individualized facility consultations and group-training sessions for care providers with common training needs. The focus of technical assistance and training is to provide preventative assistance as opposed to inspection and enforcement, which has been the traditional method by which CCLD has operated its programs.

Compliance Activities

A range of corrective actions are taken when a provider fails to protect the health and safety of clients in care or is unwilling or unable to maintain compliance with licensing regulations. The CCLS's system of sanctions for non-compliant facilities include:

Civil Penalties-

If a plan of correction visit indicated that a deficiency was not corrected, or if documentation verifying correction has not been submitted by the date agreed upon, a notice of penalty is issued. A penalty of $50 per day is assessed until the correction is made. In addition, civil penalties of larger dollar amounts can be assessed under certain conditions for repetitive or specific serious violations.

Facility Compliance Plan-

The Facility Compliance Plan is used to formalize a plan of specific actions to resolve facility problems prior to the need for a Non-compliance Conference. An

Informal Meeting is held to thoroughly discuss the plan with the licensee and reach an agreement for correcting the problems. The licensee is advised at the end of the Informal Meeting that failure to correct deficiencies by the agreed upon could result in a Non- compliance Conference.

Non-compliance Conferences-

The Non-compliance Conference is the last step prior to initiating administrative action following unsuccessful attempts by the licensing analyst and the supervisor to gain compliance. These efforts may include the repeated citation of licensing violations, the issuance of civil penalties and informal meeting or telephone conversations regarding compliance. The Non-compliance Conference occurs when the problems have not been corrected and legal action is otherwise the next step. The purpose of the conference is to review problem areas and impress upon the licensee the seriousness of the situation. The licensee is informed that unless the deficiencies are corrected and continued compliance is maintained, the case will be referred for possible administrative action. Following review and approval from the respective Regional Managers, the CDSS's legal division handles the cases referred for administrative action.

Administrative Action-

After the district office has utilized all available and appropriate enforcement actions, if the licensee is still failing to comply, administrative action is the last step in the process. Administrative action simply refers to the process necessary to present a case in an administrative hearing. Such hearings may lead to the following:

- Denial of Application
- License Revocation
- Temporary Suspension Order
- Injunctions
- Exclusion Actions

B. Procedures for Communication and Collaboration

The CDSS and DDS have developed a Memorandum of Understanding that includes the following:

- Coordination of complaint investigations
- Coordination of incident report investigation
- Coordination of optimal spacing of CDSS annual visits and Regional Center visits
- Sharing of all field reports, including complaints and incident report follow up investigations
- Involvement of RC when CDSS is taking Administrative Action against a facility

- IV. HCBS WAIVER INTERAGENCY AGREEMENTS

1. DHS and DDS -- Interagency Agency (IA) for administration of the new waiver

   Purpose: To define, specify and clarify the roles and responsibilities of DDS and DHS in the administration of the waiver; to specify the functions to be performed by DDS to ensure the "proper and efficient" administration of the waiver; to specify the cost allocation plan; to transfer federal funds to DDS.

   Status: Existing IA will be renewed for an additional three-year period effective July 1, 2001.

2. DHS and DDS -- IA for fiscal intermediary (FI) responsibilities

   Purpose: To specify the billing and payment responsibilities of DDS as they pertain to "fiscal intermediary" in accordance with Medicaid rules on "direct payment."

   Status: Existing IA will be renewed for an additional three-year period upon its expiration date of June 30, 2003.

~~***3. DDS and the Department of Rehabilitation -- IA for administrative and program responsibilities***~~

~~***Purpose: a. To define the roles and responsibilities of the two departments with regard to (1) billing and payment (FI), (2) services to be provided, (3) service authorization, (4) eligibility determination, and (5) Medicaid requirements.***~~

~~***b. To ensure a common understanding between DOR and the 21 regional centers regarding responsibilities for eligibility determination, places of care, referral, service authorization, case management, and program monitoring.***~~

~~***Status: Existing IA will be renewed for an additional three-year period effective October 2, 2001.***~~

~~4.~~ *3.* DDS and the Department of Social Services, Community Care Licensing Division - MOU for joint monitoring and quality assurance responsibilities

Purpose: Implementation of a coordinated system of services to regional center consumers residing in licensed community care facilities.

Status: Current MOU, effective June 30, 1998, is still in effect.

~~5.~~ *4.* DDS and the Department of Mental Health (Regional Centers / County Mental Health Agencies -- MOU

Purpose: Implementation of a coordinated system of mental health services to individuals who are eligible for developmental services and require services for mental illness.

Status: Current MOU, effective July 1, 1998, is still in effect.

ATTACHMENTS TO APPENDIX A

REGIONAL CENTER ACCOUNTABILITY/MONITORING

REGIONAL CENTER ACCOUNTABILITY/MONITORING

The Department of Developmental Services (DDS) performs a number of monitoring activities through the Regional Center Operations Section (RCOS). Below is a brief description of the activities performed by the RCOS. Monitoring activities are also conducted by the Department's Audits Section and the Federal Programs Operations Section.

Review and Monitor Regional Center Performance Contracts

- The Department annually prepares and transmits the guidelines for developing performance contracts.
- Each regional center's performance contract is developed through a local public process and includes five-year goals and annual objectives within the nine performance standard areas.
- By November 1 of each year, regional centers submit to DDS annual performance contract objectives and/or revisions to performance contracts approved with multi-year objectives.
- Objectives are to be measurable, include a baseline and focus on outcomes for consumers.
- The Department reviews each performance contract for compliance with statute and DDS guidelines.
- Centers must submit revisions in writing for DDS review and approval.
- A performance contract year-end report is due to DDS by January 31.
- DDS seeks to attend at least one performance contract public hearing at each regional center.

Review and Follow Up On Special Incident Reports (SIRs)

Currently, DDS maintains a database of special incident reports submitted to the Department by the regional centers pursuant to regulations.

DDS reviews each SIR to ensure the appropriate licensing, protective services/law enforcement agencies are notified.

Trend analysis is conducted monthly. Regional centers are notified when a consumer and/or facility is involved in two or more SIRS within a one year period of time.

Proposed Risk Management System

California is proposing to establish and maintain an innovative and comprehensive risk-management system that remedies any deficiencies to the current system and adds enhancements to create a truly effective system. The purpose of this proposed system is to identify the factors that compromise consumers' health, safety and/or well-being, and to implement preventive strategies and interventions to mitigate such risks. This system will be statewide and apply to all regional center consumers, whether on the HCBS waiver or not. The overall proposed risk-management system is scheduled for implementation July 1, 2001, and we expect it to be fully functional by January 1, 2002.

Monitor Regional Centers' Contract Compliance

- Monitor regional center's compliance with special contract language provisions.
- Review and respond to complaints and correspondence received from consumers/families, vendors, Legislators, and other entities regarding regional centers.
- Conduct special program reviews of regional centers, as appropriate to address specific concerns.

Contract Noncompliance/ Non-Renewal

- Technical assistance
- Special contract language
- Probationary status (levels)
- Contract non-renewal - Contract termination (See matrix)

REGIONAL CENTER CONTRACT TERMINATION
ACTIVITIES AND DUE DATES

ACTIVITY	DUE DATE
1. Department of Developmental Services (DDS) gives Regional Center (RC) board president written "90-Day Notice of Intent to Terminate Contract". Copy of letter sent to RC's Executive Director, Area Board (AB) and State Council on Developmental Disabilities (SCODD). (W&I Code 4635{d})	DAY 1
2. DDS informs catchment area legislators and others of intent to terminate RC contract. (No reference in law)	DAY 1
3. RC may submit written protest of 90-day notice to DDS within 14 days of receipt of notice. (W&I Code 4635{d}) **IF NO PROTEST, SKIP TO #10**	DAY 14
4. DDS arranges (in writing) to meet with RC and AB in response to 14-day protest. Discussion includes DDS decision and rationale and/or possible alternatives to termination. (W&I Code 4635{d})	ASAP after receipt of 14-day notice.
5. DDS initiates procedure in W&I Code 4632 for resolving contract dispute by asking SCODD to review and advise on issues in dispute. (W&I Code 4635{d})	No time specified in law but would submit during same time frame as #4.
6. SCODD reviews issues and provides written advice to DDS and RC board of directors. Advice not binding upon DDS or RC. (W&I Code 4632)	Within 30 days of DDS' request to review and advise.
7. DDS meets with RC and area board to discuss issues, DDS rationale for notice and possible alternatives. May include SCODD. (W&I Code 4632 and 4635{d})	Must take place within 30 days of regional center 14-day protest.
8. DDS sends written notification of final decision to RC board president. If termination stands, letter will: a. request meeting with RC to discuss transition; b. invoke bank card provisions per contract. Copy of the letter is sent to RC Executive Director, AB, SCODD, and appropriate legislators. (No reference in law)	By DAY 59 or within 10 days following joint meeting and review of SCODD's recommendation. (Law does not cite a date for this activity. Historically DDS has sent notification 30 days prior to the 90-day intent period.
9. DDS send written notification to the following advising that DDS	Mail by DAY 59

ACTIVITY	DUE DATE
has decided to terminate RC contract: AB, SCODD, consumers, service providers, RC employees, and union, if applicable. (W&I Code 4635{e}[1])	
10. DDS management team begins transition and planning activities. (No reference in law)	DAY 62
11. RFP issued for a new governing board. (W&I Code 4635{e}[2])	DAY 62
12. DDS has RC employees execute personal services contract.	DAY 80
13. DDS requests assistance from AB and other appropriate community agencies in identifying or organizing a new governing board. (W&I Code 4635{e}[3])	No date specified in law, but within time frames required by RFP.
14. 90-day period ends and DDS takes over management of RC until new contractor named. (Not to exceed 120 days unless otherwise requested). (W&I Code 4636)	DAY 90
15. Proposals received.	DAY 120
16. AB submits recommendations regarding proposals to DSS. (W&I Code 4635{e}[2])	DAY 127
17. DDS reviews proposals and selects new contractor.	DAY 132
18. Post Notice.	DAY 133
19. Mail "Notice of Award" and contract to contractor.	DAY 140
20. Contractor term begins.	DAY 147
21. DDS transition team exits.	DAY 177

Prepared 3/11/96 by DDS Regional Center Branch

APPENDIX B - SERVICES AND STANDARDS

APPENDIX B-1: DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a. ___ Case Management:

Note: Case management under this waiver is provided through the Targeted Case Management benefit contained in California=s Medicaid State Plan.

__ Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

1. ___ Yes 2. ___ No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices D & E of this request.

1. ___ Yes 2. ___ No

__ Other Service Definition (Specify):

b. X Homemaker:

X Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

__ Other Service Definition (Specify):

_____

_____

_____

c. X Home Health Aide services:

X Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

__ Other Service Definition (Specify):

_____

_____

_____

d. __ Personal care services:

__ Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. These services may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bedmaking, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members (Check one):

___ Payment will not be made for personal care services furnished by a member of the individual's family.

___ Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse.

Justification attached. (Check one):

___ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

___ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

___ A registered nurse, licensed to practice nursing in the State.

___ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

___ Case managers

___ Other (Specify):

3. Frequency or intensity of supervision (Check one):

___ As indicated in the plan of care

___ Other (Specify):

4. Relationship to State plan services (Check one):

___ Personal care services are not provided under the approved State plan.

___ Personal care services are included in the State plan, but with limitations. The waivered service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

___ Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

___ Other Service Definition (Specify):

e. __X__ Respite care:

_____ Services provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

__X__ Other Service Definition (Specify):

Intermittent or regularly scheduled temporary non-medical care and supervision provided in the consumer's own home or in an approved out-of-home location to do all of the following:

1. Assist family members in maintaining the consumer at home;
2. Provide appropriate care and supervision to protect the consumer's safety in the absence of family members;
3. Relieve family members from the constantly demanding responsibility of caring for a consumer; and
4. Attend to the consumer's basic self-help needs and other activities of daily living, including interaction, socialization, and continuation of usual daily routines which would ordinarily be performed by the family member.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s). (Check all that apply):

__X__ Individual's home or place of residence***

__X__ Family member's home**

_____ Foster home

_____ Medicaid certified Hospital

_____ Medicaid certified NF

_____ Medicaid certified ICF/MR

_____ Group home

__X__ Licensed respite care facility must be licensed by CCLD as either an Adult Residential Facility, Residential Care Facility for the Elderly, Small Family Homes, Group Homes, or Foster Family Homes.

_____ Other community care residential facility approved by the State that is not a private residence (Specify type):

__X__ Adult Family Homes

__X__ Certified Family Homes

__X__ Adult Day Care Facility

__X__ Community Recreational Setting, such as YMCA, Sports Club, Community Parks & Recreation Program or other community based recreational program

__X__ Camping Services

__X__ Licensed Family Day Care **

__X__ Child Day Care Facility **

__X__ Licensed Preschool **

**** Voucher Respite Care:***

A regional center may offer vouchers to family members or adult consumers to allow the families and consumers to procure their own respite services. When vouchers are issued they shall be used in lieu of, and shall not exceed the cost of, services the regional center would otherwise provide and be issued only for services which are unavailable from generic agencies. Individual voucher respite providers must meet the certification standards for hourly and overnight respite service providers in Appendix B-2.

The Department, in support of maximum personal control over the supports and services purchased through the Waiver, offers a voucher payment method for respite provided in the person's home or in the home of a respite provider (respite may also be purchased from an agency, residential facility [out-of-home respite], or a respite facility). This is an option that may be selected instead of respite provided by staff hired by an authorized agency through the Regional Center. Voucher services will empower families by giving them direct control over how and when the services are provided and will enable closer scrutiny of the quality of those services. Voucher respite care may be provided only if approved in the recipient's plan of care (IPP). Services under this option will be administered as follows:

1. ***The family will select and train an individual to render respite services. Services may also be obtained from a respite agency, residential or day care facility, or preschool [out-of-home respite], or respite facility.***
2. ***The family signs an agreement with the Regional Center acknowledging responsibility for compliance with Waiver caregiver qualifications (See Appendix B-2) and Internal Revenue Service laws.***
3. ***The Regional Center issues vouchers to the family based on the number of hours of service at the rate approved in the IPP and prior authorized. Vouchers may be issued monthly or quarterly.***
4. ***At the time of billing, the family notifies the Regional Center of the person delivering the care, the dates of service, the hours of respite utilized, and the family's satisfaction with the services. The billing form includes a line for the family's signature declaring that the respite worker meets qualifications defined in the Waiver.***
5. ***The billing form is submitted to the Regional Center for payment of services rendered.***

f. _____ Adult day health:

_____ Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service.

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services.

(Check one): 1. _____ Yes 2. _____ No

__ Other service definition (Specify):

Qualifications of the providers of adult day health services are contained in Appendix B-2.

g. _X_ Habilitation:

X Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

X Residential habilitation **for children services:** assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the individual's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

__ Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

___ Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

Check one:

___ Individuals will not be compensated for prevocational services.

___ When compensated, individuals are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

___ Educational services, which consist of special education and related services as defined in section s (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by IDEA. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

___ Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

2. Payments that are passed through to users of supported employment programs; or

3. Payments for vocational training that is not directly related to an individual's supported employment program.

The State will require prior institutionalization in a NF or ICF/MR before a recipient is eligible for expanded habilitation services (prevocational, educational and supported employment).

1. ____Yes 2. __X__ No

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1. ____Yes 2. __X__ No

X Other service definition (Specify):

X Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a residential and non-residential setting. Services shall normally be furnished four or more hours per day on a regularly scheduled basis, for one or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Whenever individuals are found ineligible under existing HCBS waiver supported employment or prevocational services, day habilitation service may utilize paid work strategies as a treatment modality. Day habilitation paid work modalities shall be stated in the individual=s plan of care. Services shall be furnished as detailed in the recipient=s plan of care and coordinated with other services listed in the plan of care.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program; or

2. Payments for vocational training that is not directly related to an individual's supported employment program.

_X_ Supported employment:

Supported employment services are defined in California Welfare and Institutions Code §~~***§19352(a) and (j), 19356.6 and 19356.7***~~ ***4851 (n), (r) and (s)***. These services are received by adult individuals with developmental disabilities who are employed in integrated settings in the community. For purposes of these services, "adult" is defined as an individual 18 years of age or older. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services.

Generally, these individuals have previously received vocational rehabilitation services under section 110 of the Rehabilitation Act of 1973, including intense job supervision. The supported employment services provided under the HCBS waiver will be provided to these individuals who require ongoing support services to maintain their employment after such services are no longer funded by the vocational rehabilitation program.

The supported employment services provided under the HCBS waiver include:

Group Supported Employment (defined in California Welfare and Institutions Code §~~***19356.6***~~ ***4851(r)***).

- Training and supervision of an individual while engaged in work in an integrated setting in the community.

- ~~***Personal assistance on the job site. These services are self-care services that are not provided by the employer under the Americans with Disabilities Act.***~~

Consumers in group supported employment receive supervision 100% of the time by the program and usually are paid according to productive capacity. A

particular consumer may be compensated at a minimum wage or at a rate less than minimum wage.

Individual Supported Employment (defined in California Welfare and Institutions Code §~~***19356.69(a)(4)***~~ ***4851(s)***)

- Training and supervision in addition to the training and supervision the employer normally provides to employees.

- Support services to ensure job adjustment and retention, provided on an individual basis in the community, as defined in California Welfare and Institutions Code §~~***19356.69(a)(5)***~~ ***4851(q)***, such as:

  - ***Job development***
  - ***Job analysis***
  - ***Training in adaptive functional skills***
  - Social skill training
  - ***Ongoing support services*** ~~***Independent living skills training***~~ (e.g., independent travel, money management)
  - Family counseling necessary to support the individual's employment
  - Advocacy related to the employment, such as assisting individuals in understanding their benefits
  - Employer intervention

Consumers receiving individual ~~**placement**~~ services normally earn minimum wage or above and are on the employer's payroll. Consumers receiving these services usually receive supervision 5-20% of the time by the program. The remainder of the time, the employer provides all supervision and training.

The above described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 USC 1401(16 and 17). Clients, who cannot receive vocational rehabilitation services under Section 110 of the Rehabilitation Act because of an order of selection, may be provided supported employment services under the waiver.

Documentation will be maintained in the provider's file of each individual receiving this service.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments to an employer to encourage or subsidize the employer's participation in a supported employment program, or

2. Payments for vocational training that is not directly related to an individual's supported employment program.

The State will require prior institutionalization in a NF or ICF/MR before a recipient is eligible for expanded habilitation services (prevocational, educational and supported employment).

1. _____Yes 2. __X__No

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1. _____Yes 2. __X__No

_X_ Pre-vocational services:

These services are work activity ***program*** as defined in California Welfare and Institutions Code §~~***19352(a) and (e)***~~ ***4851 (e)***. These services are usually provided in a segregated setting and provide a sufficient amount and variety of work to prepare and maintain adult individuals, with developmental disabilities, at their highest level of vocational functioning. For purposes of these services, "adult" is defined as an individual who is 18 years of age or older. Consumers receive compensation based upon their productive capacity and upon prevailing wage. Accordingly, the rate of compensation for any individual consumer varies, and may exceed 50% of minimum wage, because of variations in the prevailing wage rate for particular tasks and the individual's productivity in performing the task.

Services are limited to:

- Work services consisting of remunerative employment which occur no less than 50% of the client's time in program, as defined in Title ~~***9***~~ ***17***, California Code of Regulations, Section ~~***7336(e)(1)***~~ ***58820(c)(1)***.

- Work adjustment services, as defined in Title 9, California Code of Regulations, ~~***Section 7336(e)(2)***~~ ***Sections 58801(d)(37) and 58820 (c)(2)(A)-(I)***, consisting of:

  - Physical capacities development (e.g., general work stamina)
  - Psychomotor skills development (e.g., eye-hand coordination, tool usage)
  - Interpersonal and communicative skills development (e.g., relations with supervisor, co-workers)
  - Work habits development (e.g., attendance, punctuality)
  - Development of vocationally appropriate dress and grooming
  - Productive skills development (e.g., quality and quantity of work)
  - Work practices training (e.g., payroll deductions, safety practices)
  - Work-related skills development (e.g., counting, measuring, money management)
  - Orientation and preparation for referral to Vocational Rehabilitation

Such work adjustment services must occur in the work setting, be work related and not exceed 25% of the client's time in program.

- Supportive habilitation services as defined in Title ~~***9***~~ ***17***, California Code of Regulations, §~~***7336(e)(3)***~~ ***58820(c)(3)(A)-(E)***, include:

  - Personal safety practices training
  - Housekeeping maintenance skills development
  - Health maintenance skills development, such as hygiene skills
  - ***Self-advocacy training, consumer counseling, peer vocational counseling, career counseling and peer club participation***
  - ***Other regional center approved vocationally related activities***

No more than 25% of the consumer's time in program can be spent in supportive habilitation services.

The above described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or

section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). While consumers are receiving these prevocational services, they may become eligible for vocational rehabilitation services funded by section 110 of the Rehabilitation Act of 1973 ("vocational rehabilitation program"); when and if the consumer begins receiving services under the vocational rehabilitation program, prevocational services will cease and the vocational rehabilitation services will not be considered or claimed as HCBS waiver services.

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

h. X Environmental accessibility adaptations:

X Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

__ Other service definition (Specify):

i. _X_ Skilled nursing:

_X_ Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

__ Other service definition (Specify):

_____

_____

j. _X_ Transportation:

_X_ Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care and shall include transportation aides and such other assistance as is necessary to assure the safe transport of the recipient. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

__ Other service definition (Specify):

_____

_____

_____

k. _X_ Specialized Medical Equipment and Supplies:

__ Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items

reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

X Other service definition (Specify):

Specialized medical equipment and supplies: to include devices, controls, or appliances, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. Also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. The repair, maintenance, installation, and training in the care and use, of these items is also included. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the recipient. This service is necessary to prevent institutionalization. All items shall meet applicable standards of manufacture, design, and installation, and must meet Underwriter's Laboratory or Federal Communications Commission codes, as applicable. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.

l. X Chore services:

X Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress, and minor repairs such as those which could be completed by a handyman. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

__ Other service definition (Specify):

m. X Personal Emergency Response Systems (PERS)

__ PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

X Other service definition (Specify):

PERS is a 24-hour emergency assistance service which enables the recipient to secure immediate assistance in the event of an emotional, physical, or environmental emergency. PERS are individually designed to meet the needs and capabilities of the recipient and includes training, installation, repair, maintenance, and response needs. The following are allowable:

1. 24-hour answering/paging;
2. Beepers;
3. Med-alert bracelets;
4. Intercoms;
5. Life-lines;
6. Fire/safety devices, such as fire extinguishers and rope ladders;
7. Monitoring services;
8. Light fixture adaptations (blinking lights, etc.);
9. Telephone adaptive devices not available from the telephone company;
10. Other electronic devices/services designed for emergency assistance.

PERS services are limited to those individuals who have no regular caregiver or companion for periods of time, and who would otherwise require extensive routine supervision. By providing immediate access to assistance, PERS services prevent

institutionalization of these individuals. PERS services will only be provided as a waiver service to individuals residing in a non-licensed environment.

All items shall meet applicable standards of manufacture, design, and installation. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealers where possible. The cost effectiveness of this service is demonstrated in Appendix G.

n. ___ Adult companion services:

__ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

__ Other service definition (Specify):

o. ___ Private duty nursing:

__ Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

__ Other service definition (Specify):

p. X Family training:

X Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws, or unpaid friends or companions who need training to support the individual. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home, and may be provided in a group or on an individual basis. All family training must be included in the individual's written plan of care.

___ Other Service Definition (Specify):

_____

_____

_____

q. ___ Attendant care services:

___ Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity.

Supervision (Check all that apply):

___ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

___ Supervision may be furnished directly by the individual, when the person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based

on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.

___ Other supervisory arrangements (Specify):

_____

_____

_____

__ Other service definition (Specify):

_____

_____

_____

r. X **Adult** Residential Care (Check all that apply):

X Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services, medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. The total number of individuals **that can be served cannot exceed two .** ~~(including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed —~~. Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

X Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility or family home certified by a Family Home Agency, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include (Check all that apply):

___ Home health care

___ Physical therapy

___ Occupational therapy

___ Speech therapy

___ Medication administration

___ Intermittent skilled nursing services

___ Transportation specified in the plan of care

___ Periodic nursing evaluations

___ Other (Specify)

_____

_____

_____

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services are extensions of professional services provided through the Medicaid State Plan or as an extended state plan benefit under this waiver. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

X **Supported Living**

Supported living services includes any individually designed service, or assessment of the need for service, which assists an individual consumer to live in a home that they own or lease, which is not licensed, **or** the place of residence of a parent or conservator, with support available as often and for as long as it is needed. The purposes of supported living services include: assisting the consumer to make fundamental life decisions, while also supporting and facilitating the consumer in dealing with the consequences of those decisions, building critical and durable relationships with other individuals, choosing where and with whom to live, and controlling the character and appearance of the environment within their home. Supported living services are tailored to meet the individual=s evolving needs and preferences for support, without having to move from the home of their choice. Examples of supported living services activities include: assistance with common daily living activities; meal preparation, including planning, shopping, cooking, and storage activities; routine household activities aimed at maintaining a clean, and safe home; locating and scheduling appropriate medical services, acquiring, using, and caring for canine and other animal companions specifically trained to provide assistance; selecting and moving into a home; locating and choosing suitable house mates; acquiring household furnishings; settling disputes with landlords; becoming aware of and effectively using the transportation, police, fire, and emergency help available in the community to the general public; managing personal financial affairs; recruiting, screening, hiring, training, supervising, and dismissing personal attendants; dealing with and responding appropriately to governmental agencies and personnel; asserting civil and statutory rights through self-advocacy; building and maintaining interpersonal relationships, including a Circle of Support; participating in community life; and accessing emergency assistance, including the selection, installation, maintenance, repair, and training in the operation of, devices to facilitate immediate assistance when threats to health, safety, and well-being occur.

__ Other service definition (Specify):

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

s. ___ Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of service(s) and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

___ Physician services

___ Home health care services

___ Physical therapy services

___ Occupational therapy services

___ Speech, hearing and language services

___ Prescribed drugs

___ Other State plan services (Specify):

t. X Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

X Vehicle Adaptations:

Vehicle adaptations are devices, controls, or services which enable recipients to increase their independence or physical safety, and which allow the recipient to live in their home. The repair, maintenance, installation, and training in the care and use, of these items is included. Vehicle adaptations must be performed by the manufacturer's authorized dealer. Repairs to and maintenance of such equipment shall be performed by the manufacturer's authorized dealer where possible.

The following types of adaptations to the vehicle are allowable:

1. Door handle replacements;
2. Door widening;
3. Lifting devices;
4. Wheelchair securing devices;
5. Adapted seat devices;
6. Adapted steering, acceleration, signaling, and braking devices; and
7. Handrails and grab bars.

Adaptations to vehicles shall be included if, on an individual basis, the cost effectiveness of vehicle adaptations, relative to alternative transportation services, is established. Adaptations to vehicles are limited to vehicles owned by the recipient, or the recipient's family and do not include the purchase of the vehicle itself.

The recipient's family includes the recipient's biological parents, adoptive parents, stepparents, siblings, children, spouse, domestic partner (in those jurisdictions in which domestic partners are legally recognized), or a person who is legal representative of the recipient.

Vehicle adaptations will only be provided when they are documented in the individual plan of care and when there is a written assessment by a licensed Physical Therapist or a registered Occupational Therapist.

X Communication Aides:

Communication aides are those human services necessary to facilitate and assist persons with hearing, speech, or vision impairment to be able to effectively communicate with service providers, family, friends, co-workers, and the general public. The following are allowable communication aides, as specified in the recipient's plan of care:

1. Facilitators;
2. Interpreters and interpreter services;
3. Translators and translator services; and
4. Readers and reading services.

Communication aide services includes evaluation for communication aides and training in the use of communication aides, as specified in the consumer's Individual Program Plan.

X Crisis intervention:

Crisis intervention services may be provided in the individual=s current living arrangement or other appropriate setting (e.g., day program, school, community respite setting) and include consultation with parents, individuals, or providers of services to develop and implement individualized crisis treatment as well as supplemental direct services to the individual.

X Mobile Crisis Intervention

Mobile crisis intervention means immediate therapeutic intervention on a 24-hour emergency basis to an individual exhibiting acute personal, social, and/or behavioral problems. Mobile crisis intervention provides immediate and time limited professional assistance to individuals who are experiencing personal, social or behavioral problems which, if not ameliorated, will escalate and require that individual be moved to a more restrictive setting.

_X_ Crisis Intervention Facility Services:

Crisis intervention facility services means temporary 24-hour residential treatment setting for persons who pose an immediate health and safety danger to self or others. Payment for crisis intervention facility services does not include room and board.

_X_ Nutritional Consultation:

Nutritional consultation includes the provision of consultation and assistance in planning to meet the nutritional and special dietary needs of waiver participants. These services are consultative in nature and do not include specific planning and shopping for, or preparation of meals for waiver participants.

_X_ Behavior Intervention Services:

Behavior intervention services include use of behavior intervention programs, development of programs to improve the recipient's development, behavior tracking and analysis, and the fading of any intrusive intervention measures. The intervention programs will be restricted to generally accepted positive approaches.

_X_ Specialized Therapeutic Services

Specialized Therapeutic Services are services that provide physical, behavioral/social-emotional health, and or dental health care that have been adapted to accommodate the unique complexities presented by HCBS enrolled individuals aged 21 years or older. These complexities include requiring:

1. ***additional time with the health care professional to allow for effective communication with patients to ensure the most effective treatment;***
2. ***additional time with the health care professional to establish the patient's comfort and receptivity to treatment to avoid behavioral reactions that will further complicate treatment;***
3. ***additional time for diagnostic efforts due to the masking effect of some developmental disabilities on health care needs;***
4. ***specialized expertise and experience of the health care professional in diagnosing health care needs that may be masked or complicated by a developmental disability;***
5. ***treatment to be provided in settings that are more conducive to the patient's ability to effectively receive treatment, either in specialized offices or facilities that offer better structured interaction with the patient or which may provide additional comfort and support which is needed to reduce patient anxiety that is related to his or her developmental disabilities.***

All of these additional elements to Specialized Therapeutic Services are designed and proven effective in ensuring the health and safety of the patients who are enrolled in the HCBS waiver. They are also designed or adapted with specialized expertise, experience or supports to ensure that the impact of a person's developmental disability does not impede the practitioner's ability to effectively provide treatment. The design features and/or expertise levels required by these consumers have been developed through years of experience and are not available through existing State Plan services. These features are critical to maintain, preserve, or improve the health status and developmental progress of each individual, aged 21 years or older, who is referred to these Specialized Therapeutic Services.

Specialized Therapeutic Services include:

1. ***Oral Health Services: Diagnostic, Prophylactic, Restorative, Oral Surgery***
2. ***Services for Maladaptive Behaviors/Social-Emotional Behavior Impairments (MB/SEDI) Due to/Associated with a Developmental Disability: Individual and group interventions and counseling***
3. ***Physical Health Services: Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy, Diagnostic and Treatment, Physician Services, Nursing Services, Diabetes Self-Management***

The need for a Specialized Therapeutic Service must be identified in the Individual Program Plan, also known as a Plan of Care, and is to be provided only when the individual's regional center planning team has:

1. ***Determined the reason why other generic or State Plan services can not/do not meet the unique oral health, behavioral/social-emotional health, physical health needs of the consumer as a result of his/her developmental disability and the impact of the developmental disability on the delivery of therapeutic services;***
2. ***Determined that a provider with specialized expertise/knowledge in serving individuals with developmental disabilities is needed, i.e., a provider of State Plan services does not have the appropriate qualifications to provide the service;***
3. ***Determined that the individual's needs cannot be met by a State Plan provider delivering routine State Plan services; and***
4. ***Determined that the Specialized Therapeutic Service is a necessary component of the overall Plan of Care that is needed to avoid institutionalization***
5. ***Consulted with a Regional Center clinician.***

The need to continue the Specialized Therapeutic Service will be evaluated during the mandatory annual review of the individual's IPP in order to determine if utilization is appropriate and progress is being made as a result of the service being provided.

The following specify the differences between Specialized Therapeutic Services and services available under the approved State Plan:

1. ***Provider qualifications.***
2. ***The scope (what is provided).***
3. ***The services will be offered either at the consumer's home, the program site, or when appropriate, the provider's site.***

Providers of Specialized Therapeutic Services must hold a current State license or certificate to practice in the respective clinical field for which they are vendored and have at least one year of experience working providing direct care in the field of licensure with persons with developmental disabilities, validation of which must be obtained by the regional center prior to vendorization and maintained in the regional center vendor file. This expanded qualification requirement differentiates providers of Specialized Therapeutic Services from State Plan providers. These providers include physicians/surgeons, nurse practitioners, registered nurses, licensed vocational nurses, psychologists, social workers, speech therapists, physical therapists, physical therapy assistants, dental hygienists, dentists, and marriage and family therapists. Certified occupational therapists, occupational therapy assistants, respiratory therapists, and chemical addiction counselors are also included. Authorized providers and State authorization requirements are further delineated in Appendix B-2, pages B-56.2 and B-56.3, and in Attachment #1 to Appendix B-2, pages B-85.1 and B-85.2.

Scope of Services: When provided as a home and community-based service, a Specialized Therapeutic Service may require one or more of the following if determined critical to the ongoing maintenance of the oral care, health care, or behavioral/social-emotional health care of the individuals in his/her residence or program environment. This expansion of the scope of the Specialized Therapeutic Service differentiates it from other State Plan services. These are provided as a component of an allowable specialized therapeutic service, are billed to the Waiver as part of the specialized therapeutic service being provided, and are designed to improve the consumer or caregiver's capacity to effectively access services, interpret care instructions, or provide care as directed by the clinical professional. Each of these will be provided only if it is directly associated with a specialized therapeutic service provided to an individual and are included in an approved plan of care.

1. ***Family support and counseling - Critical to a full understanding of the impact of involved developmental disabilities on the presenting health care need and effective treatment. The health care practitioner delivering the health, dental, or behavioral/social-emotional health specialized services may need to provide family support and/or counseling, as well as consumer training and consultation with other physicians or involved professionals, in order to ensure the proper understanding of the treatment and support in the person's home environment and that it is critical to effective treatment of people with developmental disabilities.;***
2. ***Provider travel necessary to deliver the service - If cost-effective and necessary, the regional center may include the cost of travel in order to allow the provider to provide the care at a location that is necessary due to the disabilities of the individual;***
3. ***Consultation with other involved professionals in meeting the physical, behavioral/social-emotional health and/or dental health needs of the consumer through specialized therapeutic services. This allows the clinical provider of specialized therapeutic services to properly involve other professional care givers who deliver services in accordance with the individual's plan of care;***
4. ***Consumer training - at times the individual will require additional training by a specialized therapeutic service provider to maintain or enhance the long-term impact of the oral, behavioral/social-emotional health, or health care treatment provided. An appropriately licensed or certified provider, as defined above, will provide this training.***

u.___ Services for individuals with chronic mental illness consisting of (Check one):

___ Day treatment or other partial hospitalization services (Check one):

_____ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

a. individual and group therapy with physicians or psychologists (or other behavioral/social-emotional health professionals to the extent authorized under State law),
b. Occupational therapy, requiring the skills of a qualified occupational therapist,
c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness,
d. drugs and biologicals furnished for therapeutic purposes,
e. individual activity therapies that are not primarily recreational or diversionary,
f. family counseling (the primary purpose of which is treatment of the individual's condition),
g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment), and
h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

_____ Other service definition (Specify):

_____ Psychosocial rehabilitation services (Check one):

_____ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and behavioral/social-emotional health education, medication management, money management and maintenance of the living environment);
b. social skills training in appropriate use of community services;
c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and
d. telephone monitoring and counseling services.

The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:

a. vocational services,
b. prevocational services,
c. supported employment services, and
d. room and board.

_____ Other service definition (Specify):

_____

_____ Clinical services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

Check one:

_____ This service is furnished only on the premises of a clinic.

_____ Clinical services provided under this waiver may be furnished outside the clinic facility. Services may be furnished in the following locations (Specify):

APPENDIX B-2

PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
HOMEMAKER:				
Homemaker	Individual			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(31).** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Homemaker	Service Agency	Business License		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(32).** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
HOME HEALTH AIDE:				
Home Health Aide **Services**	Home Health Agency; Home Health Aide.	**HHA:** Title 22, CCR, §74600 et. seq. **CHHA: Title 22, CCR, §§74659 – 74689**.	**Health and Safety Code §§1725-1742.** **HHA:** Medi-Cal certification using Medicare standards, Title 22, CCR, §51217. **CHHA: Title 22, CCR, §74624.**	**Further requirements in Attachment #1 to Appendix B-2.** **HHA: Title 17, CCR, §54342(a)(29);** **CHHA: Title 17, CCR, §54342(a)(30);** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
RESPITE:				
Respite	Individual			**Title 17, CCR, §54342(a)(38);** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Respite	Service Agency	Business License		**Title 17, CCR, §54342(a)(37);** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326 and Title 17, CCR, §§56780-56802. **See Attachment #2 to Appendix B-2.**
Respite	Adult Day Care Facility	Health and Safety Code §§1500 - 1567.8. Title 22, CCR, §§82000-82088.2		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(4);** **Title 22, CCR, §§80064 and 82064.** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Respite	**Residential Facility.** **Respite Facility: Residential Facility.**	Health and Safety Code §§1500-**1569.87**; **ARF: Title 22, CCR, §§85000-85092;** **RCFE: Title 22, CCR, §§87100-87730;** **SFH: Title 22, CCR, §§83000-83088;** **GH: Title 22, CCR, §§8400-84808;** **FFH: Title 22, CCR, §§87000-87088;** **FFA: Title 22, CCR, §§88000-88087**	**Family Home Agency/Adult Family Homes: Title 17, CCR, §§56075-56088** **Certified Family Homes: Title 22, CCR, §88030**	**Further requirements in Attachment #1 to Appendix B-2.** **Out of home respite: Title 17, CCR, §54342(a)(56)** **Respite Facility: Title 17, CCR, §54342(a)(70).** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Respite - Community Recreational Program Setting	***YMCA, Sports Club, Community Parks & Recreation Program, Community-based recreation program***	Business License, if required by law		**Qualifications and training of staff per agency guidelines.** **Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Respite - Camping Services	Camp	Business License		Further requirements in Attachment #1 to Appendix B-2. Title 17, CCR, §54342(a)(13). Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2
Respite Services - Voucher	***Individual or Family***		***First Aid and/or CPR if required in the consumer's IPP***	***Further requirements in Attachment #1 to Appendix B-2. Title 17, CCR, §54355(g)(4).***
HABILITATION:				
Residential Habilitation for Children Services	Foster Family Agency/ Certified Family Homes	Health and Safety Code §§1500-1567.8; Title 22, CCR, §§88000-88087	Certified Family Homes; Title 22, CCR, §88030	Title 17, CCR, §§54342(a)(66) and (a)(68); Title 22, CCR §§88000-88087. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2
Residential Habilitation for Children Services	Foster Family Homes	Health and Safety Code §§1500-1567.8; Title 22, CCR, §§87000-87088		Title 17, CCR, §§54342(a)(66) and (a)(68); Title 22, CCR §§87000-87087. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2
Residential Habilitation for Children Services	Small Family Homes	Health and Safety Code §§1500-1567.8; Title 22, CCR, §§83000-83088		Further requirements in Attachment #1 to Appendix B-2 Title 17, CCR, §§54342(a)(66) and (a)(68); Title 22, CCR §§83000-83087. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Residential Habilitation for Children Services	Group Homes	Health and Safety Code §1500-1567.8; Title 22, CCR, §§84000-84808		Title 17, §§54342(a)(66) and (a)(68); Title 22, CCR, §§8400-84808. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See attachment #2 to Appendix B-2.
Residential Habilitation for Children Services - Out-of-State Residential Treatment Program	Residential facilities for children	Appropriate Facility License, as required by appropriate State law.		Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See attachment #2 to Appendix B-2.
Residential Habilitation for Children Services - ***DSS Licensed - Specialized Residential Facility - Children***	Residential facilities for children	Health and Safety Code §§1500-1567.8; Appropriate license by DSS-CCLD as to type of facility		Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See attachment #2 to Appendix B-2.
Residential Habilitation for Children Services - Supplemental Program Support	Residential facilities for children - Staff	Health and Safety Code §§1500-1567.8; Appropriate license by DSS-CCLD as to type of facility		Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See attachment #2 to Appendix B-2.

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Day Habilitation	Mobility Training Services Agency	Business License		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(45).** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation	Mobility Training Services Specialist			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(46).** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation	Adaptive Skills Trainer			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(3)**. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Day Habilitation - **Community Integration Services**	**Personal Assistance: Individual; Socialization Training Program: Agency Community Integration Training Program: Agency; Community Activities Support Services: Individuals.**	**Business License, if required by law**		**Qualifications and training of staff per agency guidelines. Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation – **Day Program**	Activity Center			**Further requirements in Attachment #1 to Appendix B-2. Title 17, CCR, §54342(a)(1); Title 17, CCR, §§56710 - 56756**. Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation – **Day Program**	Adult Development Centers			**Further requirements in Attachment #1 to Appendix B-2. Title 17, CCR, §54342(a)(6); Title 17, CCR, §§56710 - 56756**. Vendored by the regional center n accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Day Habilitation – **Day Program**	Behavior Management Program			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(12); Title 17, CCR, §§56710 - 56756**. Vendored by the regional center n accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation – **Day Program**	Independent Living Program			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(33); Title 17, CCR, §§56710 - 56756**. Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation – **Day Program**	**Infant Development Program**	**Health and Safety Code §1500-1567.8; Welfare and Institutions Code, §4693.**		**Title 17, CCR, §54342(a)(35).** **Title 17, CCR, §§56710-56734; 56760-56774.** **Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Day Habilitation – **Day Program**	Social Recreation Program			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(72); Title 17, CCR, §§56710 - 56756**. Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation	Independent Living Specialist			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(34).** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation - **Supplemental Day Services Program Support**	**Individual**			**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation	Art Therapist			**Title 17, CCR, §54342(a)(7).** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. Current registration issued by the American Art Therapy Association. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Day Habilitation	Dance Therapist			**Title 17, CCR, §54342(a)(17).** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. Current registration issued by the American Dance Therapy Association. **See Attachment #2 to Appendix B-2.**
Day Habilitation	Music Therapist			**Title 17, CCR, §54342(a)(47).** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. Possesses a valid registration issued by the National Association for Music Therapy. **See Attachment #2 to Appendix B-2.**
Day Habilitation	Recreational Therapist		Certification issued by either the National Council for Therapeutic Recreation Certification or the California Board of Recreation and Park Certification.	**Title 17, CCR, §54342(a)(63).** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation – **Specialized Recreational Therapy**	**Agency; Recreational Therapist Equestrian Therapy: Instructor;**	**Credentialed and/or licensed as required by the State.**	**Equestrian therapy providers shall also possess a current accreditation and instructor certification with the North American Riding for the Handicapped Association.**	**Further requirements in Attachment #1 to Appendix B-2.** **Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Day Habilitation - Creative Art Program	**Agency**	**Business License, if required by law**		**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation	Developmental Specialist			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(20).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation	**Driver Trainer - individual**	**Valid California driver's license.**	**Current certification by the California Department of Motor Vehicles as a driver instructor.**	**Title 17, CCR, §54342(a)(23).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Day Habilitation – **Special Olympics**	**Individual**			**Knowledge and training of appropriate sports.** **Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Supported Employment	Community Rehabilitation Program	Federal/State Tax Exempt Letter	Certification by Department of Rehabilitation and/or Commission on Accreditation for Rehabilitation Facilities	Welfare and Institutions Code, §~~*19350-19361*~~ ***4850 through 4867*** Further requirements in Attachment#1 to Appendix B-2. ***Vendored by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326. See Attachment #2 to Appendix B-2.***
Pre-Vocational Services	Community Rehabilitation Program	Federal/State Tax Exempt Letter	Title 9, CCR, §7336 Certification by Department of Rehabilitation and/or Commission on Accreditation for Rehabilitation Facilities	Welfare and Institutions Code, §~~*19350-19361*~~ ***4850 through 4867*** Further requirements in Attachment#1 to Appendix B-2. ***Vendored by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326. See Attachment #2 to Appendix B-2.***
Day Habilitation - Day Program	In-Home Day Program			Further requirements in Attachment#1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§ 54310 and 54326. See Attachment #2 to Appendix B-2.

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS:				
Environmental Accessibility Adaptations	Appropriate for the type of adaptation to be completed	Business License as appropriate		**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
SKILLED NURSING:				
Skilled Nursing	**Individual Registered Nurse Provider**	**Business & Professions Code §§2725-2742** **Title 22, CCR, §51067**		**Title 17, CCR, §54342(a)(64).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Skilled Nursing	**Individual Licensed Vocational Nurse Provider**	**Business & Professions Code §§2859 – 2873.7** **Title 22, CCR, §51069**		**Title 17, CCR, §54342(a)(44)** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Skilled Nursing	Home Health Agency: **Registered Nurse** **Licensed Vocational Nurse**	Title 22, CCR, §§74600 et. seq. **RN: Business & Professions Code §§2725-2742** **Title 22, CCR, §51067** **LVN: Business & Professions Code §§2859 – 2873.7** Title 22, CCR, §51069.	Medi-Cal certification using Medicare standards, 22 CCR ' 51217	**Title 17, CCR, §54342(a)(29).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
TRANSPORTATION:				
Transportation	Individual	Welfare and Institutions Code Section 4648.3; Title 17, CCR, §58520(b). **Valid California driver's license.**		**Title 17, CCR, §54342(a)(80).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Transportation	Business Entities.	Welfare and Institutions Code Section 4648.3. **Company: Current business license.**		**Companies: Title 17, CCR, §54342(a)(82);** **Brokers: Title 17, CCR, §54342(a)(81);** **Additional Component: Title 17, CCR, §54342(a)(78).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Transportation	Public Transit Authority	Welfare and Institutions Code Section 4648.3. **Appropriate business license.**		**Title 17, CCR, §§4342(a)(84).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Transportation	Transportation Assistant	Welfare and Institutions Code Section 4648.3. **Title 17, CCR, §58520(b).**		**Title 17, CCR, §54342(a)(79).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
SPECIALIZED MEDICAL EQUIPMENT:				
Specialized Medical Equipment and Supplies	**Durable Medical Equipment Dealer**	Business License as appropriate:		**Further requirements in Attachment #1 to Appendix B-2.** **DME Dealer: Title 17, CCR, §54342(a)(24).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
CHORE SERVICES:				
Chore Services	Individual: As appropriate for the repair services to be done.			**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
PERSONAL EMERGENCY RESPONSE SYSTEMS:				
Personal Emergency Response Systems	Appropriate for the system to be purchased.	Business License as appropriate.		**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
FAMILY TRAINING:				
Family Training - **Counseling Services**	Marriage, Family, Child Counselor; Clinical Social Worker	**Business and Professions Code §§4980-4984.9;** **Business and Professions Code §§4996-4997.**		**Title 17, CCR, §54342(a)(16).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Family Training – **Parenting Support Services**	**Agency, county parenting program, or counseling center.**	**Business License as appropriate**		**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Family Training **– Individual or Family Training Services**	**Individual; Agency; teacher; or family counselor.**	**Business License as appropriate**		**Further requirements in Attachment #1 to Appendix B-2.** **Qualifications and training as appropriate in the field being offered; or qualifications and training of staff per agency guidelines.** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Family Training **– Travel Reimbursement**	**Travel Agency;** **Individual;** **Service Provider.**	**Business License as appropriate;** **Valid California driver's license as appropriate.**		**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
ADULT RESIDENTIAL CARE:				
Adult Foster Care	**Family Home Agency/Adult Family Home**		**Adult Family Home: Title 17, CCR, §§56075-56088**	**Further requirements in Attachment #1 to Appendix B-2.** **FHA: Title 17, CCR, §§56075-56099;** **Title 17, CCR, §54342(a)(26).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Assisted Living	Residential Facility: Adult Residential Facility, or Residential Facility for the Elderly	Health and Safety Code §§1500-**1569.87**; **ARF: Title 22, CCR, §§85000-85092;** **RCFE: Title 22, CCR, §§87100-87730;**		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §§54342(a)(65) and (a)(67);** Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. **See Attachment #2 to Appendix B-2.**
Assisted Living - **Supplemental Residential Program Support**	**Adult Residential Facility Staff**	**Health and Safety Code §§1500-1569.87;** **ARF: Title 22, CCR, §§85000-85092.**		**Further requirements in Attachment #1 to Appendix B-2.** **Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Assisted Living: Out-of-State Residential Treatment Program	Residential facilities for adults	License, as required by appropriate State law.		Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See attachment #2 to Appendix B-2.
Assisted Living - Geriatric Facility	Residential Facility for the elderly	Health and Safety Code §§1500-1569.87; RFCE: Title 22, CCR, §§87100-87730		Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See attachment #2 to Appendix B-2.
Assisted Living - ***DSS Licensed - Specialized Residential Facility – Adult/Elderly***	Adult Residential Facility	Health and Safety Code §§1500-1569.87; ARF: Title 22, CCR, §§85000-85092		Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See attachment #2 to Appendix B-2.
Supported Living	Supported Living	Business License as appropriate		Further requirements in Attachment #1 to Appendix B-2. Title 17, CCR, §§54349; 58600-58680. See attachment #2 to Appendix B-2.

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Supported Living	**Individual**			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §§54349; 58600-58680.** **See Attachment #2 to Appendix B-2.**
-- OTHER WAIVER SERVICES --				
VEHICLE MODIFICATION AND ADAPTATION:				
Vehicle Modification and Adaptations	As appropriate for the adaptations to be done.	Business License as appropriate		**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR,** §§54310 and 54326. Services in accordance with industry standards, Title 9, CCR, §§7165 (d)(1)-(5). **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
COMMUNICATION AIDES:				
Communication Aides	Facilitators; **Readers and reading services.**			**Further requirements in Attachment #1 to Appendix B-2.** **Qualifications and training as appropriate.** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Communication Aides	Interpreter			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(42).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Communication Aides	Translator			**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(77).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
CRISIS INTERVENTION:				
Mobile Crisis Intervention	**Behavior Analyst; Behavior Management Consultant: Psychologist; or Psychiatric Technician.**	Licensed in accordance with Business and Professions Code as appropriate to the skilled professions staff assigned to the team.	**Behavior Analyst (if required): Certification by the Behavior Analyst Certification Board.**	**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Crisis Intervention Facility Services	**Adults:** Adult Residential Facility; **Family Home Agency/ Adult Family Homes;** Residential **Care** Facility for the Elderly. **Children:** **Small Family Homes; Group Homes;** **Foster Family Homes; Foster Family Agency/ Certified Family Homes.**	Health and Safety Code §§1500-**1569.87**; **ARF: Title 22, CCR, §§85000-85092;** **RCFE: Title 22, CCR, §§87100-87730;** **SFH: Title 22, CCR, §§83000-83088;** **GH: Title 22, CCR, §§8400-84808;** **FFH: Title 22, CCR, §§87000-87088;** **FFA: Title 22, CCR, §§88000-88087;**		**Further requirements in Attachment #1 to Appendix B-2.** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
NUTRITIONAL CONSULTATION:				
Nutritional Consultation	Dietitian/ Nutritionist		**Dietician:** ***Valid registration as a member of the American Dietetic Association***	**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(22).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
BEHAVIOR INTERVENTION:				
Behavior Intervention	Psychiatrist	**Business and Professions Code, Division 2, Chapter 5, commencing at Section 2000.**		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(62).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326, **and meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan. See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Behavior Intervention	Behavior Management Assistant: Psychology Assistant	Business and Professions Code §2913		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(10).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326, and meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan. **See Attachment #2 to Appendix B-2.**
Behavior Intervention	Behavior Management Consultant: Psychologist	Business and Professions Code §§2940-2948		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(11).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326, and meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan. **See Attachment #2 to Appendix B-2.**
Behavior Intervention	Behavior Management Consultant: **Licensed Clinical Social Worker**	Business and Professions Code §§4996-4996.2		**Title 9, CCR, §625;** **Title 17, CCR, §54342(a)(11).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326, and meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Behavior Intervention	Behavior Management Consultant: Marriage, Family, Child Counselor	Business and Professions Code §§4980-4984.7		**Title 17, CCR, §54342(a)(11).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326, and meets conditions of participation in Medi-Cal as established in the California Medicaid State Plan. **See Attachment #2 to Appendix B-2.**
Behavior Intervention	Behavior Management Assistant: Associate Licensed **Clinical Social Worker**	Business and Professions Code §4996.18		**Further requirements in Attachment #1 to Appendix B-2.** **Title 17, CCR, §54342(a)(10).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**
Behavior Intervention	**Registered Nurse – (Psychiatric)**	Business & Professions Code ''2732 - 2736		**Further requirements in Attachment #1 to Appendix B-2.** **Title 9, CCR, §627;** **Title 17, CCR, §54342(a)(64).** Vendored by the regional center in accordance with **Title 17, CCR, §§**54310 and 54326. **See Attachment #2 to Appendix B-2.**

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Behavior Intervention	Licensed Psychiatric Technician	Business and Professions Code §4500 et. seq.		Title 17, CCR, § 54342(a)(61) Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2
Behavior Intervention	Clinical Psychologist	Business and Professions Code, §§800-809.9; §§2725-2742. Health and Safety Code, §1316.5		Title 17, CCR, § 54342(a)(15) Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2
Behavior Intervention - Client/Parent Support Behavior Intervention Training	Behavior Analyst; Behavior Management Consultant; Psychologist; or Psychiatric Technician.	Licensed in accordance with Business and Professions Code as appropriate to the skilled professions staff.	Behavior Analyst (if required): Certification by the Behavior Analyst Certification Board.	Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.
Behavior Intervention - Supplemental Program Support	Agency; individual.	Business License as appropriate		Further requirements in Attachment #1 to Appendix B-2. Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.

SERVICE	PROVIDER TYPE	LICENSE	CERTIFICATION	OTHER STANDARD
Specialized Therapeutic Services ***Oral Health***	***Dentist*** ***Dental Hygienist***	***Business and Professions Code:*** ***Dentist: §1628- 1635*** ***Dental Hygienist: §1766 & 1768***		***Further requirements in Attachment #1 to Appendix B-2.*** ***Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.***
Specialized Therapeutic Services ***Services for Maladaptive Behaviors/Social-Emotional Behavior Impairments Due to/Associated with a Developmental Disability:***	***Psychologist*** ***Marriage and Family Therapist*** ***Social Worker*** ***Chemical Addiction Counselor***	***Business and Professions Code:*** ***Psychologist: §2940-2946*** ***Marriage & Family Therapist: §4986.2*** ***Social Worker: §4996.1 - 4996.2***	***Chemical Addition Counselor - certified in accordance with counseling certification organizations***	***Further requirements in Attachment #1 to Appendix B-2.*** ***Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.***
Specialized Therapeutic Services ***Physical Health***	***Physician/Surgeon*** ***Speech Therapist*** ***Occupational Therapist*** ***Occupational Therapy Assistant*** ***Physical Therapist*** ***Physical Therapy Assistant*** ***Respiratory Therapist*** ***RN*** ***LVN*** ***Nurse Practitioner***	***Business and Professions Code:*** ***Physician/Surgeon: §2080-2096*** ***Speech Therapist: §2532.1-2532.6*** ***Occupational Therapist and Assistant: §2570.6*** ***Physical Therapist: §2636.5*** ***Physical Therapy Assistant: §2655*** ***Respiratory Therapist: §3733-3737*** ***RN § 2725-2742*** ***LVN § 2859-2873.7*** ***Nurse Practitioner: §2834-2837***	***Physicians and Surgeons: Business and Professions Code, §2080-2085***	***Further requirements in Attachment #1 to Appendix B-2.*** ***Vendored by the regional center in accordance with Title 17, CCR, §§54310 and 54326. See Attachment #2 to Appendix B-2.***

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

APPENDIX B-3

KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

APPLICABILITY OF KEYS AMENDMENT STANDARDS:

Check one:

___ Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

_X_ A copy of the standards applicable to each type of facility identified above is maintained by the ~~Medicaid agency~~ **California Department of Social Services, Community Care Licensing Division. In addition, the Department of Developmental Services is the designated agency responsible for establishing, maintaining and ensuring enforcement of standards for Adult Family Home Agencies and the family homes (non-medical residential facilities) they approve for adults with developmental disabilities.**

ATTACHMENT #1
TO APPENDIX B-2

ADDITIONAL PROVIDER QUALIFICATIONS AND REQUIREMENTS

ADDITIONAL PROVIDER QUALIFICATIONS AND REQUIREMENTS

Homemaker-Individual

Individual providers of homemaker services shall possess the following minimum qualifications:

1. The ability to maintain, strengthen, or safeguard the care of individuals in their homes; and

2. Demonstrated dependability and personal integrity;

Homemaker - Service Agency

Agencies who employ, train, and assign personnel to provide homemaker services shall possess the following minimum requirements:

1. An appropriate business license as required by the local jurisdiction where the agency is located; and

2. Personnel who meet the minimum qualifications for individual providers of homemaker services.

Home Health Aide

An individual employed by a licensed and Medi-Cal certified home health agency who has completed a training program approved by the Department of Health Services which meets the requirements of 42 CFR 484.36(b) or (e), and is certified pursuant to California Health and Safety Code ' 1736.1.

Respite -- Adult Day Care Facility

[22 CCR 80064 and 22 CCR 82564]

The administrator shall have the following qualifications:

1. Attainment of at least 18 years of age.

2. Knowledge of the requirements for providing the type of care and supervision needed by clients, including ability to communicate with such clients.
3. Knowledge of and ability to comply with applicable law and regulation.
4. Ability to maintain or supervise the maintenance of financial and other records.
5. Ability to direct the work of others, when applicable.
6. Ability to establish the facility=s policy, program and budget.
7. Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff, if applicable to the facility.

and

1. A baccalaureate degree in psychology, social work or a related human services field and a minimum of one year experience in the management of a human services delivery system,; or
2. Three years experience in a human services delivery system including at least one year in a management or supervisory position and two years experience or training in one of the following:

   A. Care and supervision of participants in a licensed adult day care facility, adult day support center or an adult day health care facility
   B. Care and supervision of one or more of the categories of persons to be served by the center.

The licensee must make provision for continuing operation and carrying out of the administrator=s responsibilities during any absence of the administrator by a person who meets the qualification of an administrator.

Respite Care Facility-- Residential Care Facility - Small Family Home

[17 CCR 54342 (a)(66)]
Valid community care facility license for a Small Family Home as required by Health and Safety Code, Sections 1500 through 1567.8.

Administrator Requirements - Applies to all community care facilities:

X Criminal Record Clearance;
X Medical assessment including TB clearance;
X Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;
X Knowledge of and ability to comply with applicable laws and regulations;
X Ability to maintain or supervise the maintenance of financial and other records;

X Ability to direct the work of others;
X Ability to establish the facility's policy, program and budget;
X Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.

Licensee/Administrator Qualifications

X Child Abuse Index Clearance;
X At least 18 years of age;
X Documented education, training, or experience in providing family home care and supervision appropriate to the type of children to be served. The amount of units or training hours are not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted:
  X Child Development
  X Recognizing and/or dealing with learning disabilities
  X Infant care and stimulation
  X Parenting skills
  X Complexities, demands and special needs of children in placement
  X Building self esteem, for the licensee or the children
  X First aid and/or CPR
  X Record keeping
  X Bonding and/or safeguarding of children's property
  X Licensee rights and grievance process
  X Licensing and placement regulations
  X Rights and responsibilities of family home providers

Respite Care Facility -- Residential Care Facility - Adult Residential Care or Residential Care Facility for the Elderly

Valid community care facility license for an Adult Residential Facility or a Residential Care Facility for the Elderly as required by Health and Safety Code, Sections 1500 through 1569.87.

Administrator Requirements - Applies to all community care facilities:

X Criminal Record Clearance;
X Medical assessment including TB clearance;
X Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;

X Knowledge of and ability to comply with applicable laws and regulations;
X Ability to maintain or supervise the maintenance of financial and other records;
X Ability to direct the work of others;

X Ability to establish the facility's policy, program and budget;
X Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.

Administrator Qualifications
X At least 21 years of age
X High school graduation or a GED
X Complete a program approved by CCLD that consists of 35 hours of classroom instruction
  X 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;
  X 3 hrs. in business operations;
  X 3 hrs. in management and supervision of staff;
  X 5 hrs. in the psychosocial needs of the facility residents;
  X 3 hrs. in the use of community and support services to meet the resident's needs;
  X 4 hrs. in the physical needs of the facility residents;
  X 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;
  X 4 hrs. on admission, retention, and assessment procedures;
  X Pass a standardized test, administered by the department with a minimum score of 70%.

For a capacity of 7 to 15 clients -
X 1 year work experience in residential care

Respite -- Community Recreational Setting

Community recreational program providers shall possess the following minimum qualifications:

1. Ability to perform the functions required by the individual plan of care;
2. Demonstrated dependability and personal integrity;
3. Willingness to pursue training as necessary, based upon the individual consumer=s needs.

Respite -- Camp

Camping Services [17 CCR 54342 (a)(13)]
A vendor which is either:

A. A day camp which:
   1. Provides a creative experience in outdoor living for a limited period of hours per day and days per year; and
   2. Contributes to the individual's mental, physical, and social growth by using the resources of the natural surroundings; or

B. A residential camp which provides:
   1. A creative experience in outdoor living on a 24-hour per day basis for a limited period of time;
   2. Services which use the resources of the natural surroundings to contribute to the individual's mental, physical, and social growth; and
   3. Other consistent services

Staff possess demonstrated competence to supervise safety of camp activities.

[17 CCR 54342 (a)(13) (B)]

Residential Camps :

1. Valid fire clearance issued by the California State Fire Marshal, city fire department, or local fire district;
2. Comply with the requirements of Title 17, Sections 30700 through 30753;
3. Have a registered nurse on staff at all hours of operation; or
4. Have a waiver issued by the appropriate agency if any of the requirements specified in 1 through 3 above are not met.

Residential Habilitation for Children Services - Small Family Home

[17 CCR 54342 (a)(66)]
Valid community care facility license for a Small Family Home as required by Health and Safety Code, Sections 1500 through 1567.8.

Administrator Requirements - Applies to all community care facilities:

X Criminal Record Clearance;
X Medical assessment including TB clearance;
X Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;
X Knowledge of and ability to comply with applicable laws and regulations;
X Ability to maintain or supervise the maintenance of financial and other records;

X Ability to direct the work of others;
X Ability to establish the facility's policy, program and budget;

- Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.

Licensee/Administrator Qualifications

- Child Abuse Index Clearance;
- At least 18 years of age;
- Documented education, training, or experience in providing family home care and supervision appropriate to the type of children to be served. The amount of units or supervision appropriate to the type of children to be served. The amount of units or training hours are not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted:
  - Child Development
  - Recognizing and/or dealing with learning disabilities
  - Infant care and stimulation
  - Parenting skills
  - Complexities, demands and special needs of children in placement
  - Building self esteem, for the licensee or the children
  - First aid and/or CPR
  - Record keeping
  - Bonding and/or safeguarding of children's property
  - Licensee rights and grievance process
  - Licensing and placement regulations
  - Right and responsibilities of family home providers

Residential Habilitation for Children Services - Out of State Residential Treatment Program

Provide an out-of-state residential treatment program for regional center consumers. Department approval is required per the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code, Section 4519.

DSS Licensed - Specialized Residential Facility - Children

A regional center shall classify a vendor as a DSS Licensed-Specialized Residential Facility provider if the vendor operates a residential care facility licensed by the Department of Social Services (DSS) for individuals with developmental disabilities who require 24 hour care and supervision and whose needs cannot be appropriately met within the array of other community living options available.

Primary services provided by a DSS Licensed-Specialized Residential Facility may include personal care and supervision services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law) and therapeutic social and recreational programming, provided in a home-like environment. Incidental services provided by a DSS Licensed-Specialized Residential Facility may include home health care,

physical therapy, occupational therapy, speech therapy, medication administration, intermittent skilled nursing services, and/or transportation, as specified in the IPP. This vendor type provides 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and the provision of supervision and direct care support to ensure the consumers' health, safety and well-being. Other individuals or agencies may also furnish care directly, or under arrangement with the DSS Licensed-Specialized Residential Facility, but the care provided by these other entities must supplement the care provided by the DSS Licensed-Specialized Residential Facility and does not supplant it.

Regional Center monitoring of the DSS Licensed-Specialized Residential Facility shall be in accordance with the applicable state laws and licensing regulations, including Title 17, and the regional center admission agreement. Payment for services in a DSS Licensed-Specialized Residential Facility must be made pursuant to Title 17, Section 56919 (a), after the regional center obtains approval from the Department for payment of the prevailing rate or, pursuant to Welfare & Institutions Code, Section 4648 (a)(4), the regional center may contract for the provision of services and supports for a period of up to three years, subject to the availability of funds.

Residential Habilitation for Children Services - Supplemental Residential Program Support

Agencies who employ, train, and assign personnel to provide program support services in a residential setting shall possess the following minimum requirements:

1. An appropriate business license as required by the local jurisdiction where the agency is located; and

2. Staff who meet the following minimum qualifications:

    a. The ability to perform the functions required in the individual plan of care;

    b. Demonstrated dependability and personal integrity; and

    c. Willingness to pursue training as necessary, based upon the individual's needs.

A regional center shall classify a vendor as a Supplemental Residential Program Support provider if, the vendor provides, or obtains, time limited, supplemental staffing in excess of the amount required by regulation. Supplemental Residential Program Support is designed to implement an objective in the consumer's IPP and allow the consumer to remain in their current residential environment. Supplemental Residential Program Support services include, but are not limited to: assistance and training in skills for activities in daily living and in socially appropriate skills to replace (and serve the same function/purpose as) challenging behavior.

Staff are hired by the residential provider. The provider is already vendored by the regional center and licensed by the State.

Day Habilitation -- Mobility Trainer - Service Agency

Agencies who employ, train, and assign personnel to teach individuals how to use public transportation or other modes of transportation which will enable them to move about the community independently, shall possess the following minimum requirements:

1. Appropriate business license as required by local jurisdiction; and
2. Personnel who possess the skill, training or education necessary to teach individuals how to use public transportation or other modes of transportation which will enable them to move about the community independently including: previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns, a valid California Driver=s license and current insurance, ability to work independently with minimal supervision according to specific guidelines, flexibility and adaptive skills to facilitate individual consumer needs.

Day Habilitation -- Mobility Trainer - Specialist

Individuals who teach individuals how to use public transportation or other modes of transportation which will enable them to move about the community independently, shall possess the following minimum requirements:

1. Previous experience working with individuals with developmental disabilities and awareness of associated problems, attitudes and behavior patterns;
2. A valid California Driver=s license and current insurance;
3. Ability to work independently, flexibility and adaptive skills to facilitate individual consumer needs.

Day Habilitation -- Adaptive Skills Trainer

Master=s degree in education, psychology, counseling, nursing, social work, applied behavior analysis, behavioral medicine, speech and language or rehabilitation; and at least one year of experience in the design and implementation of adaptive skills training plans.

Day Habilitation -- Community Integration Services

1. **Personal Assistance**:

   Person provides personal assistance and support to ambulatory and non-ambulatory consumers.

2. **Socialization Training Program**:

   Program provides socialization opportunities for school age developmentally disabled persons.

3. **Community Integration Training Program**:

   Program designed to provide training and skill development in conflict resolution, community participation including knowledge of, and access to community resources, interpersonal relationships, and personal habits necessary to obtain and retain employment. Program directors must have at least a bachelor=s degree. Direct service workers may be qualified by experience.

4. **Community Activities Support Services:**

   Provides support on a time-limited basis to accomplish various activities for consumers.

Day Habilitation - Day Program

1. **Activity Center** [17 CCR 54342 (a)(1)]

   Vendor which provides training in a center based and/or natural environments in self-advocacy, employment training, community integration and/or self-care.

   [17 CCR 56710 - 56756]
   Requires written program design, consumer entrance & exit criteria, staff training, etc. Director must have BA/BS with 18 mo. experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. Staff to consumer ratio = 1:8

2. **Adult Development Center** [17 CCR 54342 (a)(6)]

Vendor which provides training in a center based and/or natural environments in self-advocacy, employment training, community integration and/or self-care.

[17 CCR 56710 - 56756]
Requires written program design, consumer entrance & exit criteria, staff training, etc. Director must have BA/BS with 18 mo. experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. Staff to consumer ratio = 1:4

3. **Behavior Management Program** [17 CCR 54342 (a)(12)]

Vendor which provides training in a center based and/or natural environments in self-advocacy, employment training, community integration and/or self-care.

[17 CCR 56710 - 56756]
Requires written program design, consumer entrance & exit criteria, staff training, etc. Director must have BA/BS with 18 mo. experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. Staff to consumer ratio = 1:3

4. **Independent Living Program** [17 CCR 54342 (a)(33)]

Vendor which provides training in a setting which is not center-based and includes cooking, cleaning, shopping in natural environments, menu planning, meal preparation, money management including check cashing and purchasing activities, use of public transportation in natural environments, personal health and hygiene, self-advocacy training, independent recreation and participation in natural environments, use of medical and dental services, as well as other community resources, community resource awareness such as police, fire, or emergency help, and home and community safety.

Vendor may, in lieu of above, provide the supports necessary for a consumer to maintain a self-sustaining independent living situation in the community.

[17 CCR 56710 - 56756]
Requires written program design, consumer entrance & exit criteria, staff training, etc. Director must have BA/BS with 18 mo. experience in human services delivery,

or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. Staff to consumer ratio = 1:1 - 1:3

5. **Social Recreation Program** [17 CCR 54342 (a)(72)]
Vendor which provides community integration and self-advocacy training as they relate to recreation and leisure pursuits conducted in center-based and/or natural environments.

[17 CCR 56710 - 56756]
Requires written program design, consumer entrance & exit criteria, staff training, etc. Director must have BA/BS with 18 mo. experience in human services delivery, or five years experience in human services delivery field. Supervisory staff must have three years experience plus demonstrated supervisory skills. Staff to consumer ratio = 1:10

Day Habilitation - Independent Living Specialist

Possesses the skill, training, or education necessary to teach consumers to live independently and/or to provide the supports necessary for the consumer to maintain a self-sustaining, independent living situation in the community, such as one year experience providing services to adults with developmental disabilities in a residential or non-residential setting and possession of at least a two-year degree in a subject area related to skills training and development of program plans for individuals with developmental disabilities.

Day Habilitation – Supplemental Day Services Program Support

A regional center shall classify a vendor as a Supplemental Day Services Program Support provider if, the vendor provides or obtains, time limited, supplemental staffing in excess of the amount required by regulation. Supplemental Day Services Program Support is designed to implement an objective in the consumer's IPP and allow the consumer to remain in a known and stable day program/employment environment. Supplemental Day Services Program Support services include, but are not limited to: assistance and training in skills for activities of daily living and in socially appropriate skills to replace (and serve the same function/purpose as) challenging behavior.

Day Habilitation – Specialized Recreation Therapy

Agency must employ Recreational therapists as well as aides or other employees to provide this service. Vendors shall be credentialed and/or licensed by the State of California in order to practice in the field of therapy being offered. By December 31, 2001, Equestrian Therapy providers shall also possess a current program accreditation and instructor certification with the North American Riding for the Handicapped Association.

Day Habilitation - Creative Art Program

Create self-expression through art, which includes art classes. Program may be center based or be provided in the consumer=s residence. Provider qualifications include:

Program Director: Equivalent of a high school diploma and experience with persons with developmental disabilities.

Direct care staff: Must have artistic experience as demonstrated through a resume.

Day Habilitation - Developmental Specialist

Possesses a valid certification by an accredited hospital as having successfully completed a one-year developmental specialist training program; or Possesses a Master=s Degree in Developmental Therapy from an accredited college or university.

Day Habilitation - Supported Employment Services

Must be a community nonprofit agency.

Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF, the Rehabilitation Accreditation Commission within four years of providing services.

Day Habilitation - Prevocational Services

Must be a community nonprofit agency.

Programs must initially meet the Department of Rehabilitation Program certification standards and be accredited by CARF, the Rehabilitation Accreditation Commission within

four years of providing services.

Day Habilitation – In-Home Day Program

Providers must have a service design approved by the regional center. Providers may include employees of vendored community-based day, prevocation, or vocational programs. The vendor provides day program services to consumers who are unable to attend day programs outside their homes, because of medical conditions which prevent travel to outside programs. In-home day programs are designed to allow the consumer to remain in a stable day program environment. In-home day program services include a variety of activities designed to meet consumer needs from activity center programs to vocational activities which can be completed from home. An in-home day program must be vendored with the regional center and have a provision for an annual assessment process to ensure consumer participation in this type of program remains appropriate. This can be done in conjunction with the regional center annual review.

Environmental Accessibility Adaptations

Individuals or agencies who provide environmental modification services shall have a current license, certification, or registration with the State of California as appropriate for the type of modification being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located.

Specialized Medical Equipment and Supplies

Providers of specialized medical equipment and supplies shall have a current license, certification, or registration with the State of California as appropriate for the type of equipment or supplies being purchased. Providers shall also be authorized by the manufacturer to install, repair, and maintain such systems if such a manufacturer's authorization program exists.

The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located.

Chore Services - Individual

Individual chore services providers shall possess the following minimum qualifications:

1. The ability to perform the functions required in the individual plan of care;

2. Demonstrated dependability and personal integrity.

Personal Emergency Response Systems

Providers of personal emergency response systems shall have a current license, certification, or registration with the State of California as appropriate for the type of system being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located.

Providers shall be competent to meet applicable standards of installation, repair, and maintenance of emergency response systems. Providers shall also be authorized by the manufacturer to install, repair, and maintain such systems if such a manufacturer's authorization program exists.

Providers of human emergency response services shall possess or have employed person who possess current licenses, certifications or registrations as necessary and required by the State of California for persons providing personal emergency response services.

Family Training- Parenting Support Services - Agency

Agency staff must include:

1. Psychologist with Ph.D. in clinical, developmental or educational psychology with experience that qualifies him/her to counsel couples and families, supervise birthing and parenting training and supervise the parenting specialists.

2. Parenting Specialists must have a Master=s degree and/or relevant professional experience as a birthing educator. Experience in developmental disabilities required as well as experience in parent education and/or clinical work pertaining to pregnancy and infancy.

Services usually provided through a county parenting program or an agency such as an adult program, or counseling center.

Family Training – Individual or Family Training Services

A regional center shall clarify a vendor as a Individual or Family Training provider if the vendor provides or obtains training services to consumers and/or family members as necessary to implement an objective in the individual's IPP, including, but not limited to, training regarding prevention of sexual exploitation and parent and family support training to avert out-of-home placement. Individual or family training may include refresher training, as necessary to facilitate a safe, harmonious, and stable home, and may be provided in groups, e.g., seminars and symposiums, or on an individual basis. Vendors shall ensure that trainers are credentialed and/or licensed as required by the State of California to practice in the field of training being offered.

Director:

MA/MS/MSW/M.Ed. in human services or related field (preferred MFCC or LCSW eligibility). Extensive knowledge of children and adolescents with disabilities and their families as well as available resources and services in the community designed to meet their diverse needs. Background in family issues, advocacy, support networks, and community building.

Social Workers

Proof of MA/MS in human services related area or a combination of practical experience and education in accordance with community care licensing regulations. Minimum of two years experience working/living with individuals with disabilities, preferably in a home or community based setting, knowledge of needs and capacities of children with sever behavioral challenges, knowledge of resources for families of children with severe disabilities, valid CPR and First Aid training.

Family Training - Travel Reimbursement

A regional center shall classify a vendor eligible for Travel Reimbursement if travel services, e.g., travel agency services, tickets, per diem and lodging costs are incurred while implementing provisions related to a consumer's Individual Program Plan (IPP) and if the vendor is:

A. A travel agency and operates a business for the purpose of providing travel services, tickets and travel vouchers or;

B. A person or service provider authorized by the regional center to recover travel costs, per diem and lodging.

Any individual that provides vehicular transportation shall:

1. **Possess a driver's license which is valid in California; and**
2. **Have evidence of maintenance of adequate insurance coverage pursuant to Welfare and Institutions Code, Section 4648.3.**

Adult Residential Care -Adult Foster Care- Family Home Agency

[17 CCR 56075 - 56099]
Requires response to RFA, program design, staff training, fingerprints, and criminal history check. FHA staff shall have education in fields of social work, psychology, education or related area, experience working or living with persons with developmental disabilities, experience and training in program management, fiscal management and organizational development. Approved homes also require criminal record check.

Adult Residential Care - Assisted Living - Adult Residential Facility or Residential Care Facility for the Elderly, or Geriatric Facility

Valid community care facility license for an Adult Residential Facility or a Residential Care Facility for the Elderly as required by Health and Safety Code, Sections 1500 through 1569.87.

Administrator Requirements - Applies to all community care facilities:

X Criminal Record Clearance;
X Medical assessment including TB clearance;
X Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;
X Knowledge of and ability to comply with applicable laws and regulations;
X Ability to maintain or supervise the maintenance of financial and other records;
X Ability to direct the work of others;
X Ability to establish the facility's policy, program and budget;
X Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.

Administrator Qualifications
X At least 21 years of age;
X High school graduation or a GED;
X Complete a program approved by CCLD that consists of 35 hours of classroom

instruction;

X 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;
X 3 hrs. in business operations;
X 3 hrs. in management and supervision of staff;
X 5 hrs. in the psychosocial needs of the facility residents;
X 3 hrs. in the use of community and support services to meet the resident's needs;
X 4 hrs. in the physical needs of the facility residents;
X 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;
X 4 hrs. on admission, retention, and assessment procedures;
X Pass a standardized test, administered by the department with a minimum score of 70%.

For a capacity of 7 to 15 clients -
X 1 year work experience in residential care

Adult Residential Care - Assisted Living – Supplemental Residential Program Support

Agencies who employ, train, and assign personnel to provide program support services in a residential setting shall possess the following minimum requirements:

1. An appropriate business license as required by the local jurisdiction where the agency is located; and

2. Staff who meet the following minimum qualifications:

   a. The ability to perform the functions required in the individual plan of care;

   b. Demonstrated dependability and personal integrity; and

   c. Willingness to pursue training as necessary, based upon the individual's needs.

A regional center shall classify a vendor as a Supplemental Residential Program Support provider if, the vendor provides, or obtains, time limited, supplemental staffing in excess of the amount required by regulation. Supplemental Residential Program Support is designed to implement an objective in the consumer's IPP and

allow the consumer to remain in their current residential environment. Supplemental Residential Program Support services include, but are not limited to: assistance and training in skills for activities of daily living and in socially appropriate skills to replace (and serve the same function/purpose as) challenging behavior.

Staff are hired by the residential provider. The provider is already vendored by the regional center and licensed by the State.

Adult Residential Care - Assisted Living - Out of State Residential Treatment Program

Provide an out-of-state residential treatment program for regional center consumers. Department approval is required per the Lanterman Developmental Disabilities Services Act, Welfare and Institutions Code, Section 4519.

DSS Licensed - Specialized Residential Facility- Adult/Elderly

A regional center shall classify a vendor as a DSS Licensed-Specialized Residential Facility provider if the vendor operates a residential care facility licensed by the Department of Social Services (DSS) for individuals with developmental disabilities who require 24 hour care and supervision and whose needs cannot be appropriately met within the array of other community living options available.

Primary services provided by a DSS Licensed-Specialized Residential Facility may include personal care and supervision services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law) and therapeutic social and recreational programming, provided in a home-like environment. Incidental services provided by a DSS Licensed-Specialized Residential Facility may include home health care, physical therapy, occupational therapy, speech therapy, medication administration, intermittent skilled nursing services, and/or transportation, as specified in the IPP. This vendor type provides 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and the provision of supervision and direct care support to ensure the consumers' health, safety and well-being. Other individuals or agencies may also furnish care directly, or under arrangement with the DSS Licensed-Specialized Residential Facility, but the care provided by these other entities must supplement the care provided by the DSS Licensed-Specialized Residential Facility and does not supplant it.

Regional Center monitoring of the DSS Licensed-Specialized Residential Facility shall be in accordance with the applicable state laws and licensing regulations, including Title 17, and the regional center admission agreement. Payment for services in a DSS Licensed-Specialized Residential Facility must be made pursuant to Title 17, Section 56919 (a), after the regional center obtains approval from the Department for payment of the prevailing rate or, pursuant to Welfare & Institutions Code, Section 4648 (a)(4), the regional center may contract for the provision of services and supports for a period of up to three years, subject to the availability of funds.

Additional Requirements for Large Facilities Providing Assisted Living

In addition to the requirements established by the California Department of Social Services' Title 22 regulations and the Department of Developmental Services' Title 17 regulations, assisted living shall be provided in small, individualized settings that promote full integration into the surrounding community and promote individual empowerment, independence and productivity. They will be in settings where living quarters are scattered in the community at large, or may be in arrangements similar to an apartment house or retirement community. They shall also respect an individual's rights and dignity by providing:

1. Bedrooms which are shared by no more than two individuals, with one person in a bedroom being preferred.

2. Common living areas that are conducive for interaction between residents, and residents and their guests.

3. Residents the opportunity to make decisions on their day-to-day activities in their home and in the community.

4. Services which meet the needs of each resident.

5. Residents the privacy necessary for personal hygiene, dressing, and being by themselves, if they choose.

All large facilities will be reviewed and approved by the Department of Developmental Services, the Department of Health Services, and the regional office of the Federal Health Care Financing Administration before acceptance as a participating provider for this waiver.

Adult Residential Care - Supported Living - Supported Living Service

[17 CCR 58600 et. seq.]
Requires service design, staff appropriate to services rendered with skills to establish and maintain constructive and appropriate personal relationship with consumers, minimize risks of endangerment to health, safety and well-being of consumers, perform CPR and operate 24-hour emergency response systems, achieve the intended results of services being performed and maintain current and valid licensure, certification, or registration as are legally required for the service. Also requires staff orientation and training in theory and practice of supported living services and consumer training in supported living services philosophy, consumer rights, abuse prevention and reporting, grievance procedures and strategies for building and maintaining a circle of support.

Vehicle Adaptations

Providers of vehicle adaptations shall have a current license, certification, or registration with the State of California as appropriate for the services being purchased. The provider shall also possess a current license to do business issued in accordance with the laws of the local jurisdiction within which the individual or agency is located.

Providers shall be competent to meet applicable standards of installation, repair, and maintenance of vehicle adaptations and shall also be authorized by the manufacturer to install, repair, and maintain such systems where possible.

Communication Aides - Facilitator

Providers who are facilitators shall have:

1. The ability to perform the functions identified in the individual plan of care;

2. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community; and

3. Sensitivity to the communication process between communication-impaired individuals and non-impaired individuals, and the needs of the persons involved in the process; and

4. The ability to maintain confidentiality.

Communication Aides - Reader

1. The ability to read aloud and to speak intelligibly in a language understood by the beneficiary.

2. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community;

3. Sensitivity to the communication process between communication-impaired individuals and non-impaired individuals, and the needs of the persons involved in the process; and

4. The ability to maintain confidentiality.

Communication Aides - Interpreter

Providers of interpretation services shall have:

1. Proficiency in facilitating communication between hearing-impaired and hearing persons individually and/or in groups using American sign language and spoken language;

2. The equivalent of six months' experience providing interpreting services to hearing-impaired persons, or

   Possession of at least one valid certificate issued by the Registry of Interpreters for the Deaf;

3. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community;

4. Sensitivity to the communication process between hearing-impaired individuals and hearing individuals, and the needs of the persons involved in the process; and

5. The ability to maintain confidentiality.

Communication Aides - Translator

Providers of translation services shall have:

1. Fluency in both English and a language other than English;

2. The ability to read and write accurately in both English and a language other than English;

3. Demonstrated knowledge of the concerns and special needs of persons with developmental disabilities as related to the community; and

4. The ability to maintain confidentiality.

Crisis Intervention -- Mobile Crisis Intervention - Mobile Crisis Intervention Teams

Providers of Mobile Crisis Intervention services shall be a team which is supervised by or has access to a licensed psychologist, psychiatrist, or Behavior Management Consultant.

Such teams shall be vendored specifically to provide mobile crisis intervention services. All members of the Mobile Crisis Intervention teams shall maintain a current license, registration or certification as appropriate for the professional services being provided. All unlicensed staff shall have at least one year of full-time experience in serving persons with developmental disabilities and shall have completed at least 40 hours of training in crisis intervention techniques prior to providing services.

Crisis Intervention -- Crisis Intervention Facility Services

Crisis Intervention - Residential Care Facility

Crisis Intervention Facilities shall be an appropriate level residential care facility specifically vendored to provide emergency placement for individuals in need of intensive intervention services in order to maintain their preferred living option. Facilities shall have available staff who are supervised by or have access to a licensed psychologist, psychiatrist, or Behavior Management Consultant. In addition, a crisis intervention facility shall meet the following requirements:

Crisis Intervention - Residential Care Facility - Small Family Home

[17 CCR 54342 (a)(66)]
Valid community care facility license for a Small Family Home as required by Health and Safety Code, Sections 1500 through 1567.8.

Administrator Requirements - Applies to all community care facilities:

X Criminal Record Clearance;
X Medical assessment including TB clearance;
X Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;
X Knowledge of and ability to comply with applicable laws and regulations;
X Ability to maintain or supervise the maintenance of financial and other records;
X Ability to direct the work of others;
X Ability to establish the facility's policy, program and budget;
X Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.

Licensee/Administrator Qualifications
X Child Abuse Index Clearance;

X At least 18 years of age;
X Documented education, training, or experience in providing family home care and supervision appropriate to the type of children to be served. The amount of units or training hours are not specified. The following are examples of acceptable education or training topics. Programs which can be shown to be similar are accepted:
  X Child Development
  X Recognizing and/or dealing with learning disabilities
  X Infant care and stimulation
  X Parenting skills
  X Complexities, demands and special needs of children in placement
  X Building self esteem, for the licensee or the children
  X First aid and/or CPR
  X Record keeping
  X Bonding and/or safeguarding of children's property
  X Licensee rights and grievance process
  X Licensing and placement regulations
  X Rights and responsibilities of family home providers

Crisis Intervention - Adult Residential Facility or a Residential Care Facility for the Elderly

Valid community care facility license for an Adult Residential Facility or a Residential Care Facility for the Elderly as required by Health and Safety Code, Sections 1500 through 1569.87.

Administrator Requirements - Applies to all community care facilities:

X Criminal Record Clearance;
X Medical assessment including TB clearance;
X Knowledge of requirements for providing the type of care and supervision needed by clients, including ability to communicate with clients;
X Knowledge of and ability to comply with applicable laws and regulations;
X Ability to maintain or supervise the maintenance of financial and other records;
X Ability to direct the work of others;
X Ability to establish the facility's policy, program and budget;
X Ability to recruit, employ, train, and evaluate qualified staff, and to terminate employment of staff.

Administrator Qualifications
X At least 21 years of age;

X High school graduation or a GED;
X Complete a program approved by CCLD that consists of 35 hours of classroom instruction;
- X 8 hrs. in laws, including resident's personal rights, regulations, policies, and procedural standards that impact the operations of adult residential facilities;
- X 3 hrs. in business operations;
- X 3 hrs. in management and supervision of staff;
- X 5 hrs. in the psychosocial needs of the facility residents;
- X 3 hrs. in the use of community and support services to meet the resident's needs;
- X 4 hrs. in the physical needs of the facility residents;
- X 5 hrs. in the use, misuse and interaction of drugs commonly used by facility residents;
- X 4 hrs. on admission, retention, and assessment procedures;
- X Pass a standardized test, administered by the department with a minimum score of 70%.

For a capacity of 7 to 15 clients -
X 1 year work experience in residential care

Nutritional Consultation - Dietician

Valid registration as a member of the American Dietetic Association

Nutritional Consultation - Nutritionist

1. Possesses a Master's Degree in one of the following:
   a. Food and Nutrition;
   b. Dietetics; or
   c. Public Health Nutrition; or

2. Is employed as a nutritionist by a county health department.

Behavior Intervention - Psychiatrist

Licensed as a physician and surgeon by the California Board of Medical Quality Assurance or the California Board of Osteopathic Examiners, and

Certified or eligible for certification by the American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry;

or

Licensed as a physician by the California Board of Medical Quality Assurance or the California Board of Osteopathic Examiners and has specialized training and/or experience in psychiatry.

Behavior Intervention - Behavior Management Assistant

[17 CCR 54342 (a)(10)]
Bachelor of Arts or Science and 12 semester units in applied behavior analysis and one year of experience in designing or implementing behavior modification intervention services; or

Bachelor of Arts or Science and two years experience in designing or implementing behavior modification intervention services.

Behavior Intervention - Behavior Management Assistant -- Associate LCSW

[17 CCR 54342 (a)(10)]
Bachelor of Arts or Science and 12 semester units in applied behavior analysis and one year of experience in designing or implementing behavior modification intervention services; or

Bachelor of Arts or Science and two years experience in designing or implementing behavior modification intervention services.

Behavior Intervention – Behavior Management Consultant - Licensed Clinical Social Worker

2 CCR '625
In addition to a license as a clinical social worker, a psychiatric social worker shall have two years post master=s experience in a mental health setting.

Behavior Intervention - Psychiatric Nurse

2 CCR '627
In addition to the license to practice as a registered nurse, a psychiatric nurse must possess a master=s degree in psychiatric or public health nursing, and two years of nursing experience in a mental health setting. Additional post baccalaureate nursing experience in a mental health setting may be substituted on a year for year basis for the educational requirement.

Behavior Intervention - Client/Parent Support Behavior Intervention Training

Program serves consumers ages 4 years to 18 years (or those 3 years or younger deemed high risk for developmental delay). Program will be utilizing behavior modification techniques. The program will also intervene with the family and assists them in developing tools to work with their child. Ultimately, the family will be in a position to maintain the child in the home.

This program is not funded by the Department of Education because children and families will be served on an individual basis. However, the child's special education program will not be discontinued or altered.

Behavior Intervention - Supplemental Program Support

A regional center shall classify a vendor as a Supplemental Program Support provider if the vendor provides or obtains, time limited, supplemental staffing in excess of the amount required by regulation. Supplemental Program Support is designed to implement an objective in the consumer's IPP and allow the consumer to remain, or participate in, activities located in environments other than residential or day services. Supplemental program Support services include, but are not limited to: assistance and training in skills for activities of daily living and in socially appropriate skills to replace (and serve the same function/purpose as) challenging behavior.

Staff are usually from an agency such as an independent living specialist provider. The agency would already possess a business license as required by the State.

Specialized Therapeutic Services

Providers of Specialized Therapeutic Services must hold a valid State authorization to practice in the respective clinical field for which they are vendored AND, at minimum, have one year's experience working with persons with developmental disabilities.

Chemical Addiction Counselor – Specialized Therapeutic Services

Professionals with advanced or graduate degrees must have:

- ***A Master's Degree from an accredited health care training program;***
- ***Three years of post-graduate, supervised experience providing direct health care services to those identified with an addictive disorder;***
- ***A portfolio of clinical training with a minimum of 120 hours of training in basic counseling skills including assessment, interviewing and diagnosis, and a minimum of 60 hours of training in each area of specialization; and***

- ***Three professional recommendations. At least one referent must be a supervisor who is personally familiar with the applicant's work and can document his or her health care experience.***

Professionals with other degrees or without a degree must:

- ***Be over 18 years of age and have a high school diploma;***
- ***Have five years of supervised experience providing direct health care services to those identified with an addictive disorder;***
- ***Be presently employed or serving in a volunteer capacity in a social model program, or must have been employed or serving in a volunteer capacity in a social model program within the last full year prior to the filing date;***
- ***Have a portfolio of clinical training that includes a minimum of 120 hours of training in basic counseling skills including assessment, interviewing and diagnosis, and a minimum of 60 hours of training in each area of specialization;***
- ***Document a minimum of 150 hours of closely supervised on-the-job training in direct alcohol and/or other drug recovery services in a social model setting; and***
- ***Have three professional recommendations. At least one referent must be a supervisor who is personally familiar with the applicant's work and can document his or her health care experience.***

Only Chemical Addiction Counselors certified and credentialed by any the following organizations are authorized to provide services under this Waiver:

- ***California Association of Addiction Recovery Resources;***
- ***California Association of Alcohol and Drug Educators;***
- ***California Association of Alcoholism and Drug Abuse Counselors;***
- ***California Association of Drinking Drivers Treatment Program;***
- ***Forensic Addiction Counselors Team;***
- ***American Academy of Providers in the Addictive Disorders; or***
- ***Indian Alcoholism Commission of California, Inc.***

ATTACHMENT #2
TO APPENDIX B-2

- Title 17, California Code of Regulations, Section 54310, Vendor Application Requirements
- Title 17, California Code of Regulations, Section 54326, General Requirements for Vendors and Regional Centers
- Title 17, California Code of Regulations, Section 54342, Types of Services
- ***Title 17, California Code of Regulations, Section 54344, Vouchers***
- Title 17, California Code of Regulations, Section 54349, Vendorization - Supported Living Services
- Title 17, California Code of Regulations, Section 58612, Supported Living Service - Vendor Status Requirements
- Title 17, California Code of Regulations, Section 58614, Supported Living Service - Service and Support Components

APPENDIX C-ELIGIBILITY AND POST-ELIGIBILITY

APPENDIX C-1--ELIGIBILITY

MEDICAID ELIGIBILITY GROUPS SERVED

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan. **(Check all that apply.)**

1. _X_ Low income families with children as described in Section 1931 of the Social Security Act.

2. _X_ SSI recipients (SSI Criteria States and 1634 States).

3. ___ Aged, blind or disabled in 209(b) States who are eligible under § 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).

4. _X_ Optional State supplement recipients

5. ___ Optional categorically needy aged and disabled who have income at (Check one):

    a.___ 100% of the Federal poverty level (FPL)

    b.__%__ Percent of FPL which is lower than 100%.

6. X The special home and community-based waiver group under 42 CFR 435.217 (Individuals who would be eligible for Medicaid if they were in an institution, who have been determined to need home and community-based services in order to remain in the community, and who are covered under the terms of this waiver).

Spousal impoverishment rules are used in determining eligibility for the special home and community-based waiver group at 42 CFR 435.217.

X A. Yes ___ B. No

Check one:

a. X The waiver covers all individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community; or

b. ___ Only the following groups of individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community are included in this waiver: (check all that apply):

(1) __ A special income level equal to:

___ 300% of the SSI Federal benefit (FBR)

__% of FBR, which is lower than 300% (42 CFR 435.236)

$__ which is lower than 300%

(2) __ Aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program. (42 CFR 435.121)

(3)__ Medically needy without spenddown in States which also provide Medicaid to recipients of SSI. (42 CFR 435.320, 435.322, and 435.324.)

(4) Medically needy without spenddown in 209(b) States.(42 CFR 435.330)

(5)__ Aged and disabled who have income at:

a.___ 100% of the FPL

b.__%__ which is lower than 100%.

(6) __ Other (Include statutory reference only to reflect additional groups included under the State plan.)

_____

_____

_____

7. _X_ Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330).

*8.*_X_ Other (Include only statutory reference to reflect additional groups under your plan that you wish to include under this waiver.)

All other mandatory and optional groups covered under the plan are included.

Appendix C-2--Post-Eligibility

GENERAL INSTRUCTIONS

ALL Home and Community-Based waiver recipients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under §435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and need home and community-based services in order to remain in the community (§435.217). For individuals whose eligibility is not determined under the spousal rules (§1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options concerning the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR §435.726 and §435.735 just as it does for other individuals found eligible under §435.217 or;

OPTION 2: It may use the spousal post-eligibility rules under §1924.

REGULAR POST-ELIGIBILITY RULES--§435.726 and §435.735

- The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.

- If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.

- If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.

- If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC need standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

SPOUSAL POST-ELIGIBILITY--§1924

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of §1924 of the Act (protection against spousal impoverishment) instead of the post-eligibility rules under 42 CFR 435.726 and 435.735. The §1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules under 42 CFR 435.726 and 435.735. Spousal impoverishment post-eligibility rules can only be used if the State is using spousal impoverishment eligibility rules.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in §1902(q)(1)" for the needs of the institutionalized individual. This is an allowance "which is reasonable in amount for clothing and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as $30 per month. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services recipient must include a reasonable amount for food and shelter as well as for clothing. The $30 PNA is not a sufficient amount for these needs when the individual is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the §1924 spousal impoverishment post-eligibility rules must use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual's maintenance needs in the community.

POST ELIGIBILITY

REGULAR POST ELIGIBILITY

1. X **SSI State.** The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

A. **§ 435.726**--States which **do not use more restrictive** eligibility requirements than SSI.

a. Allowances for the needs of the

1. individual: (Check one):

A.___ The following standard included under the State plan (check one):

(1)___ SSI

(2)___ Medically needy

(3)___ The special income level for the institutionalized

(4)___ The following percent of the Federal poverty level): ___%

(5) X Other (specify):
The maximum amount of income to be eligible under the waiver, including any income disregards or exemptions.

B.___ The following dollar amount:
$ ____*

* If this amount changes, this item will be revised.

C.___ The following formula is used to determine the needs

allowance:

_____

_____

Note: If the amount protected for waiver recipients in item 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, **enter NA in items 2. and 3**. following.

2. spouse only (check one):

A.___ SSI standard

B.___ Optional State supplement standard

C.___ Medically needy income standard

D.___ The following dollar amount:
$_____*

*If this amount changes, this item will be revised.

E.___ The following percentage of the following standard that is not greater than the standards above: ____% of ____ standard.

F.___ The amount is determined using the following formula:

_____

_____

_____

G.___ Not applicable (N/A)

3. Family (check one):

A.___ AFDC need standard

B.___ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility

under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C.___ The following dollar amount:
$____*

*If this amount changes, this item will be revised.

D.___ The following percentage of the following standard that is not greater than the standards above: %___ of ____ standard.

E.___ The amount is determined using the following formula:

_____

_____

F.___ Other

G. X Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.726.

POST-ELIGIBILITY

REGULAR POST ELIGIBILITY

1.(b)___**209(b) State, a State that is using more restrictive eligibility requirements than SSI**. The State is using the post-eligibility rules at 42 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. **42 CFR 435.735**--States **using more restrictive** requirements than SSI.

a. Allowances for the needs of the

1. individual: (check one):

A.___ The following standard included under the State plan (check one):

(1)___ SSI

(2)___ Medically needy

(3)___ The special income level for the institutionalized

(4)___ The following percentage of the Federal poverty level: ___ %

(5)___ Other (specify):

_____

_____

B.___ The following dollar amount:
$____*

* If this amount changes, this item will be revised.

C.___ The following formula is used to determine the amount:

_____

_____

Note: If the amount protected for waiver recipients in 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under §435.217, **enter NA in items 2. and 3**. following.

2. spouse only (check one):

A.___ The following standard under 42 CFR 435.121:

B.___ The medically needy income standard_____;

C.___ The following dollar amount:
$____*

*If this amount changes, this item will be revised.

D.___ The following percentage of the following standard that is not greater than the standards above:
____% of

E.___ The following formula is used to determine the amount:

_____

_____

F.___ Not applicable (N/A)

3. family (check one):

A.___ AFDC need standard

B.___ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C.___ The following dollar amount:
$_____*

*If this amount changes, this item will be revised.

D.___ The following percentage of the following standard that is not greater that the standards above: ____% of _____ standard.

E.___ The following formula is used to determine the amount:
_____
_____

F.___ Other

G.___ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

POST ELIGIBILITY

SPOUSAL POST ELIGIBILITY

2. X The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution towards the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

A. Allowance for personal needs of the individual: (check one)

(a) ___ SSI Standard

(b)___ Medically Needy Standard

(c)___ The special income level for the institutionalized

(d)___ The following percent of the Federal poverty level: ___%

(e)___ The following dollar amount: $___**

**If this amount changes, this item will be revised.

(f)___ The following formula is used to determine the needs allowance:

_____

_____

(g) X Other (specify):

The maximum amount of income to be eligible under the waiver, including any income disregards or exemptions.

If this amount is different from the amount used for the individuals maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community.

APPENDIX C-3

WAIVER OF COMMUNITY INCOME AND RESOURCE POLICIES FOR THE MEDICALLY NEEDY -- (§§ 1915(c)(3) and 1902(a)(10)(C)(i)(III) of the Social Security Act)

A. A waiver of §1902(a)(10)(C)(i)(III) of the Social Security Act is requested for the medically needy, in addition to item B. below.

B. The following is a description of the income and resource methods and standards that differ from those otherwise required for the medically needy under the State plan (including approved §1902(r)(2) policies) and §1902(a)(10)(C)(i)(III) for individuals living in the community.

SECOND VEHICLE EXEMPTION FOR WAIVER PROGRAM: A second vehicle may be exempt if the vehicle has been modified to accommodate the physical handicap(s) or the medical needs of the individual. Verification shall be by physician's written statement of necessity.

APPENDIX D

ENTRANCE PROCEDURES AND REQUIREMENTS

APPENDIX D-1

a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

___ Discharge planning team

___ Physician (M.D. or D.O.)

___ Registered Nurse, licensed in the State.

___ Licensed Social Worker

_X_ Qualified Mental Retardation Professional (QMRP), as defined in 42 CFR 483.430(a)

___ Other (Specify):

_____

_____

APPENDIX D-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

___ Every 3 months

___ Every 6 months

_X_ Every 12 months

___ Other (Specify):

_____

_____

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

_X_ The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.

___ The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):

___ Physician (M.D. or D.O.)

___ Registered Nurse, licensed in the State

___ Licensed Social Worker

___ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

___ Other (Specify):

c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

___ "Tickler" file

___ Edits in computer system

___ Component part of case management

__X__ Other (Specify):

Monthly State computer-generated reevaluation reports provided to the Regional Centers.

APPENDIX D-2-a

CRITERIA FOR DENIAL OR TERMINATION OF DDS WAIVER SERVICES

- **In conformance with 42 CFR Part 431, Subpart E, a notice of action and fair hearing forms will be forwarded to the consumer by the appropriate Regional Center when DDS Waiver services are denied or reduced, or the consumer is terminated from the Waiver.**

a. REASONS FOR TERMINATION OF HCBS WAIVER SERVICES

1. The consumer loses Medi-Cal eligibility.

2. The consumer elects, in writing, to terminate services.

3. The consumer's condition changes to the point that he/she no longer meets the eligibility criteria used to determine DDS Waiver services eligibility.

4. The consumer does not meet the criteria in this waiver, excluding Medi-Cal eligibility and level of care.

5. Death of consumer.

b. REQUIRED PROVISION OF FAIR HEARING NOTICE

1. Denial and/or reduction of services.

2. Termination from the Waiver for failure to meet level of care criteria.

The consumer or his/her parent or legal guardian may voluntarily disenroll from the HCBS Waiver, in which case, a notice of action and fair hearing forms will not be provided to the consumer.

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

___ By the Medicaid agency in its central office

___ By the Medicaid agency in district/local offices

___ By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program

___ By the case managers

_X_ By the persons or agencies designated as responsible for the performance of evaluations and reevaluations

___ By service providers

___ Other (Specify):

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

The **Medicaid Waiver Eligibility Record**, DS 3770 form, is retained in the consumer=s file at the regional center for a period of three years from the date of the last waiver eligibility determination entry.

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

Check one:

_X_ The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.

___ The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals.

APPENDIX D-4

a. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:

   a. informed of any feasible alternatives under the waiver; and

   b. given the choice of either institutional or home and community-based services.

2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.

3. The following are attached to this Appendix:

   a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;

      The Medicaid Waiver Consumer Choice of Services/Living Arrangement Statement, DS 2200 form, and the instructions for completing the form are attached.

   b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;

   c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and

The procedures for 3.b and 3.c are described below as a connected process completed by the **Service Coordinator** (case manager) with each consumer.

The **Service Coordinator** is responsible for informing consumers of the feasible alternatives for obtaining necessary services and giving each eligible consumer the choice of receiving necessary care and services in an institutional health facility, or a community living arrangement.

Pursuant to the DDS Policy Handbook for Federal Programs, Section l00.06, the **Service Coordinator** shall ensure that:

$ consumers, their legal representative, parents, relatives, or involved persons are informed of the choice of either participating or not participating in the DDS Medicaid Waiver program, if the consumer is determined to be eligible for Waiver services.

$ the consumer=s choice is documented on the DS 2200 form at the time of:

- determination of initial eligibility for the waiver program,
- reactivation of the Waiver eligibility after a consumer=s termination from participation in the Waiver program, or
- transition from minor to adult status.

$ Waiver participants are given free choice of all qualified providers for each service included in the Individual Program Plan.

d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

Pursuant to the DDS Policy Handbook for Federal Programs, Section 100.07, Waiver participant shall be informed of the right to an appeal or to request a fair hearing. The Service Coordinator shall ensure that a Waiver participant is notified of such a right if:

X the choice of home and community-based services versus institutional care was not offered.

X the Waiver participant was denied his/her choice of services, type of service, service provider, type of provider, or amount of service.

The current procedure for assuring that the consumer is offered the opportunity to request a fair hearing is described in the attachments to Appendix D-4.

California will fully comply with the requirements of 42 CFR Part 431, Subpart E. Fair hearings will be conducted through the State Medicaid Fair Hearing process.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:

The choice of home and community-based services is documented by the consumer or his/her legal representative's signature on the attached freedom of choice form, (Medicaid Waiver Consumer Choice of Services/Living Arrangement Statement, DS 2200). Completed forms will be retained in the consumers' records at the appropriate Regional Center.

ATTACHMENT TO APPENDIX D-3

ASSESSMENT INSTRUMENT FOR EVALUATION & REEVALUATIONS

- **Client Development Evaluation Report (CDER) Diagnostic Element**
- **CDER Manual**

ATTACHMENT TO APPENDIX D-4

FREEDOM OF CHOICE DOCUMENTATION

- **Medicaid Waiver Consumer Choice of Services/Living Arrangement Statement Form (DS 2200)**

ATTACHMENT TO APPENDIX D-4

FAIR HEARINGS FORMS

- **Brochure on "The Fair Hearing Process for Consumers Age 3 Years and Older"**
- **Notice of Proposed Action form, DS 1803 (Rev. 11/99)**
- **Fair Hearing Request form, DS 1805 (Rev. 1/01)**
- **Notification of Resolution form, DS 1804 (Rev. 6/01)**

APPENDIX E - PLAN OF CARE

APPENDIX E-1

a. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the preparation of the plans of care:

___ Registered nurse, licensed to practice in the State.

___ Licensed practical or vocational nurse, acting within the scope of practice under State law

___ Physician (M.D. or D.O.) licensed to practice in the State

___ Social Worker (qualifications attached to this Appendix)

___ Case Manager

_X_ Other (specify):

The individual program plan (plan of care) is developed through a process of individualized needs determination, and is prepared jointly by the planning team. The planning team consists of the individual with developmental disabilities and, where appropriate, his or her parents, legal guardian or conservator, or authorized representative, and an authorized Regional Center representative.

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.

___ At the Medicaid agency central office

___ At the Medicaid agency county/regional offices

___ By case managers

___ By the agency specified in Appendix A

___ By consumers

__X__ Other (specify):

At the Regional Center

3. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur is:

___ Every 3 months

___ Every 6 months

__X__ Every 12 months

__X__ Other (specify):

Although reviews will be conducted every 12 months, regional center QMRPs, clinical teams, and/or DHS health care professionals may determine if more frequent reviews are necessary, particularly for individuals whose medication regimes require special follow-up.

Each Individual Program Plan (IPP) will be reviewed annually.

a. The IPPs of waiver consumers are reviewed annually by the planning team at all Regional Centers

b. The majority of Regional Centers now complete a new IPP document subsequent to the annual review meeting. Therefore completion of the DDS "Standardized Annual Review Form" is no longer needed to document the results of the annual review which are contained in the new IPP document.

c. **Some Regional Centers complete a new IPP document triennially and amend the existing IPP if changes are needed to meet the consumer's needs. These centers will contine to use the DDS "Standardized Annual Review Form" to document the annual review of the consumer's IPP. If new services or supports are needed, the IPP will be amended to include the new services or supports. The planning team members will sign the "Standardized Annual Review Form" to document that the remainder of the IPP remains appropriate to meet the consumer's needs. If no new services or supports are required, the planning team will indicate that the IPP remains appropriate to meet the consumer's needs.**

APPENDIX E-2

a. MEDICAID AGENCY APPROVAL

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

The DHS Monitoring Team will participate in bi-annual Regional Center monitoring reviews coordinated with DDS. The plan of care will be **evaluated for**:

1. Appropriate representation during development of the plan of care.

2. Documentation of review and update, if necessary, every 12 months.

3. Compliance with statutory requirements for service type, amount, frequency, duration and provider type.

4. Verification that services are consistent with assessed needs.

Written reports of findings will be documented with required plan of correction.

b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.

2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix.

The California requirements for the IPP/Individual Family Service Plan meets the federal requirements for the plan of care.

ATTACHMENT TO APPENDIX E-2

PLAN OF CARE FORM

- **Lanterman Individual Program Plan (IPP) Requirements**
- **Sample IPP – San Gabriel/Pomona Regional Center**
- **Standardized Annual Review Form**

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by section 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of the Waiver and State plan services.

2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the Waiver.

3. Method of payments (check one):

_____ Payments for all Waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

_____ Payments for some, but not all, Waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

__X__ Payment for Waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

Services are provided by vendors subcontracted to private non-profit corporations called Regional Centers which operate under contract with the Department of Developmental Services (DDS) ~~***and the Department of Rehabilitation (DOR). DOR operates under an interagency agreement with DDS for the provision of Prevocational and Supported Employment services through their certified providers.***~~ The Regional Centers reimburse the providers for the authorized services under a fiscal agent contract with DDS. The Regional Centers then bill DDS, which operates the Waiver program under an interagency agreement and fiscal agent contract with the Department of Health Services, the Medicaid agency. ~~***DOR reimburses their certified providers for Prevocational and Supported Employment services under a fiscal agent interagency agreement with DDS.***~~ DDS has developed an approved MMIS.

_____Other (Describe in detail):

_____
_____

b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of Waiver services are made only:

   a. When the individual was eligible for Medicaid Waiver payment on the date of service;

   b. When the service was included in the approved plan of care;

   c. In the case of supported employment, prevocational, or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individual's with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

   __X__ Yes

   _____ No

2. The following is a description of all records maintained in connection with an audit trail. Check one:

   _____ All claims are processed through an approved MMIS.

   __X__ MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

c. PAYMENT ARRANGEMENTS

1. Check all that apply:

___ The Medicaid agency will make payments directly to providers of waiver services.

___ The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.

X The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.

___ Providers may voluntarily reassign their right to direct payments to the following governmental agencies (specify):

_____
_____
_____

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

_____
_____

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

ATTACHMENT TO APPENDIX F

BILLING PROCESS AND RECORDS RETENTION

ATTACHMENT TO APPENDIX F

BILLING PROCESS AND RECORDS RETENTION

The State of California assures HCFA that the agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to the HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The Medicaid eligibility of consumers for whom bills for services have been received is verified through an automated check through the Medicaid Eligibility Data System (MEDS) operated by the Medicaid agency, the Department of Health Services.

- **Department of Developmental Services (DDS)**

  Financial accountability is assured through use of the Uniform Fiscal System (UFS), a comprehensive uniform accounting, encumbrance, budgeting, reporting, and billing system. The system establishes and tracks Regional Center authorization and billing data by vendor number, authorization number, consumer number, service code, and general ledger account number. Waiver services will not be paid unless the appropriate authorization and billing data have been provided.

  The Regional Centers transmit to DDS all service authorization and billing data necessary to support the provider claims and provide a complete audit trail.

  Records maintained at DDS in the UFS include:

  1. Billing Regional Center.
  2. Unique Client Identifier (UCI)
  3. Social Security Number
  4. Medi-Cal Number
  5. Vendor number, name, and address.
  6. Authorization number.
  7. Service code.
  8. Unit of service, type, code, and rate.
  9. Amount of claim, month and year.

10. Service amount, month, and year
11. Invoice number

Records maintained at the Regional Center include:

1. Case records
2. Service authorization forms
3. Fiscal submissions to UFS
4. Vendor invoices
5. Vendor attendance records
6. HCBS Waiver service provider agreement

The Regional Centers are required to maintain fiscal records, including authorization forms and vendor invoices, on all Waiver consumers for a period of five years following the month of service. DDS will maintain all UFS files transmitted to DDS for a minimum of five years.

Service providers will be required, via specific provider agreement, to maintain records of funds expended for Waiver services for a minimum of five years following the date of service.

~~Department of Rehabilitation (DOR)~~

~~Financial accountability is assured through the interagency agreement with DDS and the incorporation of DOR expenditure data into the DDS Medicaid Waiver billing system. Waiver services will not be paid unless the appropriate authorization and billing data have been provided.~~

~~DOR provides a turnaround invoice to their certified providers for billing DOR services. These completed invoices form the basis of a complete audit trail.~~

~~Records maintained at DOR include:~~

~~1. Provider name and address~~
~~2. Provider Federal Tax ID number~~
~~3. Consumer name~~
~~4. Unique Client Identifier~~
~~5. Social Security Number~~

6. Consumer date of birth
7. Beginning date of service
8. Ending date of service
9. Days of approved service
10. Amount of claim, month, and year
11. Service type, amount, month, and year
12. Invoice tracked by facility number, by month and year
13. HCBS Waiver service provider agreement

DOR is required to maintain fiscal records, including provider invoices, on all Waiver consumers for a period of three (3) years following the month of service.

Service providers will be required, via specific provider agreement, to maintain records of funds expended for Waiver services for a minimum of three (3) years following the date of service.

APPENDIX G - FINANCIAL DOCUMENTATION

APPENDIX G-1
COMPOSITE OVERVIEW
COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g., hospital and nursing facility), complete an Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: ICF/MR

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	$18,873	$6,698	$62,673	$6,302
2	$18,976	$9,251	$66,615	$5,863
3	$19,507	$9,510	$68,850	$6,028
4	***$20,330***	$9,776	$70,390	$6,196
5	***$21,107***	$10,050	$71,948	$6,370

FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR	UNDUPLICATED INDIVIDUALS
1	45,094
2	***55,000***
3	***60,000***
4	***65,000***
5	***70,000***

EXPLANATION OF FACTOR C:

Check one:

__X__ The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.

____ The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature for that time period.

The State will inform HCFA in writing of any limit which is less than factor C for that waiver year.

APPENDIX G-2
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

FACTOR D

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor D as:

> "The estimated annual average per capita Medicaid cost for home and community-based service for individuals in the waiver program."

The demonstration of Factor D estimates is on the following page.

APPENDIX G-2
FACTOR D

LOC: ICF/MR
Demonstration of Factor D estmiates:

Waiver Year (1) 2001/02 (2) (3) (4) (5)

Waiver Service Column A		#Updup.Reci (users) Column B	Avg.#Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
A - 1	Homemaker	124	110.8	23.14	$317,925
A - 2	Home Health Aide	607	11.76	427.89	3,054,416
A - 3	Respite Care	5,931	11.76	729.74	50,898,314
A - 4	Residential Habilitation for Children Services	1,940	11.76	1772.61	40,441,034
A - 5	Day Habilitation	27,514	11.76	779.45	252,202,459
A - 6	Pre-Vocational Services	2,826	11.76	545.03	18,113,396
A - 7	Supported Employment	1,025	11.76	754.1	9,089,921
A - 8	Environmental Accessibility Adaptations	3	1	1344.16	4,032
A - 9	Skilled Nursing	798	11.76	137.79	1,293,087
A - 10	Transportation	28,030	11.76	134.59	44,365,279
A - 11	Specialized Medical Equipment & Supplies	783	11.76	131.59	1,208,837
A - 12	Chore Services	7	78.83	12.63	6,969
A - 13	Personal Emergency Response Systems	108	11.76	58.73	74,592
A - 14	Family Training	1,001	11.76	176.63	2,079,246
A - 15	Adult Residential	29,054	11.76	1211.8	414,041,813
A - 16	Vehicle Modifications and Adaptations	75	1	4528.24	339,618
A - 17	Communication Aides	696	11.76	68.72	562,470
A - 18	Mobile Crisis Intervention	259	11.76	319.33	972,628
A - 19	Crisis Intervention Facility Services	66	11.76	2219.68	1,722,827
A - 20	Nutritional Consultation	527	11.76	24.24	150,228
A - 21	Behavior Intervention	4,582	11.76	187.8	10,119,475
					$851,058,567
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:					45,094
FACTOR D (DIVIDE TOTAL BY NUMBER OF RECIPIENTS):					$18,873

AVERAGE LENGTH OF STAY: 11.76 Months/Client/Year

APPENDIX G-2
FACTOR D

LOC: ICF/MR
Demonstration of Factor D estmiates:

Waiver Year (1) (2) 2002/03 (3) (4) (5)

Waiver Service Column A		#Updup.Reci (users) Column B	Avg.#Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
A - 1	Homemaker Services	166	307.73	$ 18.97	***969,048***
A - 2	Home Health Aide Services	816	11.05	613.25	5,529,553
A - 3	Respite Care	8,034	11.05	232.28	20,620,820
A - 4	Residential Habilitation for Children	1,597	11.05	1,571.85	27,738,201
A - 5	Day Habitation	35,217	11.05	867.10	337,430,101
A - 6	Prevocational Services	7,177	11.05	451.47	35,804,212
A - 7	Supported Employment Services	2,869	11.05	585.71	18,568,442
A - 8	Environmental Modifications	72	1.00	6,343.51	456,733
A - 9	Skilled Nursing	2,855	11.05	577.45	18,217,248
A - 10	Transportation	32,333	11.05	115.59	41,297,955
A - 11	Specialized Medical Equip & Supplies	826	11.05	160.63	1,466,118
A - 12	Chore	12	78.83	18.22	17,235
A - 13	Personal Emergency Response System	267	11.05	34.35	101,345
A - 14	Family Training	100	11.05	79.83	88,212
A - 15	Adult Residential	26,418	11.05	1813.99	529,537,965
A - 16	Vehicle Adaptations	132	1.00	4,380.20	578,186
A - 17	Communication Aides	589	11.05	42.15	274,331
A - 18	Mobile Crisis Intervention	283	11.05	233.96	731,628
A - 19	Crisis Intervention Facilities	54	11.05	790.50	471,691
A - 20	Nutritional Consultant	762	11.05	25.55	215,134
A - 21	Behavior Intervention Services	1,715	11.05	169.22	3,206,846
A - 22	***Specialized Therapeutic Services:***				
	Oral Health	***175***	***1.00***	***667.35***	***116,787***
*	***MB/SEBI***	***79***	***18.69***	***89.54***	***132,208***
	Physical Health	***183***	***14.17***	***39.36***	***102,068***
	* Maladaptive Behaviors/Social-Emotional Behavior Impairments				***$1,043,672,067***
	TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				55,000
	FACTOR D (DIVIDE TOTAL BY NUMBER OF RECIPIENTS):				***$18,976***

AVERAGE LENGTH OF STAY: 11.05 Months/Client/Year

APPENDIX G-2
FACTOR D

LOC: ICF/MR
Demonstration of Factor D estmiates:

Waiver Year (1) (2) (3) 2003/04 (4) (5)

Waiver Service Column A		#Updup.Reci (users) Column B	Avg.#Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
A - 1	Homemaker Services	181	307.73	$ 19.50	***$1,086,133***
A - 2	Home Health Aide Services	891	11.05	630.42	$6,206,832
A - 3	Respite Care	8,765	11.05	238.79	$23,127,588
A - 4	Residential Habilitation for Children	1,742	11.05	1,615.86	$31,103,851
A - 5	Day Habitation	38,419	11.05	891.38	378,417,507
A - 6	Prevocational Services	7,830	11.05	464.11	40,155,493
A - 7	Supported Employment Services	3,130	11.05	602.11	20,824,878
A - 8	Environmental Modifications	78	1.00	6,521.12	508,647
A - 9	Skilled Nursing	3,114	11.05	593.62	20,426,286
A - 10	Transportation	35,272	11.05	118.83	46,314,658
A - 11	Specialized Medical Equip & Supplies	901	11.05	165.13	1,644,043
A - 12	Chore	14	78.83	18.73	20,671
A - 13	Personal Emergency Response System	292	11.05	35.32	113,964
A - 14	Family Training	109	11.05	82.07	98,849
A - 15	Adult Residential	28,819	11.05	1864.78	593,839,098
A - 16	Vehicle Adaptations	144	1.00	4,502.84	648,409
A - 17	Communication Aides	643	11.05	43.33	307,866
A - 18	Mobile Crisis Intervention	309	11.05	240.51	821,209
A - 19	Crisis Intervention Facilities	59	11.05	812.63	529,794
A - 20	Nutritional Consultant	831	11.05	26.27	241,226
A - 21	Behavior Intervention Services	1,871	11.05	173.96	3,596,545
A - 22	***Specialized Therapeutic Services:***				
	Oral Health	***191***	***1.00***	***686.04***	***131,030***
	MB/SEBI	***86***	***18.69***	***92.05***	***148,044***
	Physical Health	***200***	***14.17***	***40.46***	***114,471***
					$1,170,427,090
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:					60,000
FACTOR D (DIVIDE TOTAL BY NUMBER OF RECIPIENTS):					***$19,507***

AVERAGE LENGTH OF STAY: 11.05 Months/Client/Year

APPENDIX G-2
FACTOR D

LOC: ICF/MR
Demonstration of Factor D estmiates:

Waiver Year (1) (2) (3) (4) 2004/05 (5)

Waiver Service Column A		#Updup.Reci (users) Column B	Avg.#Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
A - 1	Homemaker Services	197	307.73	$ 20.05	$1,215,487
A - 2	Home Health Aide Services	965	11.05	648.07	6,910,532
A - 3	Respite Care	***14,366***	11.05	***282.15***	***44,789,704***
A - 4	Residential Habilitation for Children	1,887	11.05	1,611.11	33,593,818
A - 5	Day Habitation	41,620	11.05	916.34	421,425,682
A - 6	Prevocational Services	8,482	11.05	477.11	44,717,660
A - 7	Supported Employment Services	3,390	11.05	618.97	23,186,307
A - 8	Environmental Modifications	85	1.00	6,703.72	569,816
A - 9	Skilled Nursing	3,374	11.05	610.24	22,751,395
A - 10	Transportation	38,211	11.05	122.15	51,575,584
A - 11	Specialized Medical Equip & Supplies	976	11.05	169.75	1,830,720
A - 12	Chore	15	78.83	19.25	22,762
A - 13	Personal Emergency Response System	316	11.05	36.30	126,752
A - 14	Family Training	118	11.05	84.37	110,010
A - 15	Adult Residential	31,221	11.05	1,916.99	661,346,310
A - 16	Vehicle Adaptations	156	1.00	4,628.92	722,112
A - 17	Communication Aides	696	11.05	44.54	342,548
A - 18	Mobile Crisis Intervention	334	11.05	247.24	912,489
A - 19	Crisis Intervention Facilities	64	11.05	835.38	590,781
A - 20	Nutritional Consultant	900	11.05	27.00	268,515
A - 21	Behavior Intervention Services	2,027	11.05	178.83	4,005,497
A - 22	Specialized Therapeutic Services				
	Oral Health	206	1.00	705.25	145,475
	MB/SEBI	94	18.69	94.62	166,100
	Physical Health	218	14.17	41.60	128,432
					$1,321,454,488
TOTAL ESTIMATED UNDUPLICATED RECI					65,000
FACTOR D (DIVIDE TOTAL BY NUMBER OF RECIPIENTS):					***$20,330***

AVERAGE LENGTH OF STAY: 11.05 Months/Client/Year

APPENDIX G-2
FACTOR D

LOC: ICF/MR
Demonstration of Factor D estmiates:

Waiver Year (1) (2) (3) (4) (5) 2005/06

Waiver Service Column A		#Updup.Reci (users) Column B	Avg.#Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
A - 1	Homemaker Services	212	307.73	$ 20.61	$1,344,571
A - 2	Home Health Aide Services	1,039	11.05	666.22	7,648,839
A - 3	Respite Care	***19,647***	11.05	***290.05***	***62,969,666***
A - 4	Residential Habilitation for Children	2,032	11.05	1,707.62	38,342,216
A - 5	Day Habitation	44,822	11.05	942.00	466,556,680
A - 6	Prevocational Services	9,135	11.05	490.46	49,507,891
A - 7	Supported Employment Services	3,651	11.05	636.30	25,670,601
A - 8	Environmental Modifications	91	1.00	6,891.42	627,119
A - 9	Skilled Nursing	3,633	11.05	627.33	25,183,943
A - 10	Transportation	41,151	11.05	125.57	57,099,008
A - 11	Specialized Medical Equip & Supplies	1,051	11.05	174.50	2,026,564
A - 12	Chore	16	78.83	19.79	24,961
A - 13	Personal Emergency Response System	340	11.05	37.32	140,211
A - 14	Family Training	127	11.05	86.73	121,713
A - 15	Adult Residential	33,623	11.05	1,970.67	732,171,203
A - 16	Vehicle Adaptations	168	1.00	4,758.53	799,433
A - 17	Communication Aides	750	11.05	45.79	379,485
A - 18	Mobile Crisis Intervention	360	11.05	254.17	1,011,088
A - 19	Crisis Intervention Facilities	69	11.05	858.77	654,769
A - 20	Nutritional Consultant	970	11.05	27.76	297,546
A - 21	Behavior Intervention Services	2,183	11.05	183.84	4,434,616
A - 22	Specialized Therapeutic Services				
	Oral Health	222	1.00	725.00	160,765
	MB/SEBI	101	18.69	97.27	184,410
	Physical Health	235	14.17	42.76	142,590
					$1,477,499,889
TOTAL ESTIMATED UNDUPLICATED RECI					70,000
FACTOR D (DIVIDE TOTAL BY NUMBER OF RECIPIENTS):					***$21,107***

AVERAGE LENGTH OF STAY: 11.05 Months/Client/Year

ATTACHMENT TO APPENDIX G-2
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

DEMONSTRATION OF FACTOR D ESTIMATES

The estimated annual average per capita Medicaid cost for home and community-based services for individuals in the waiver program was estimated as follows:

Existing waiver services

For existing waiver services, the actual expenditures as reported on the HCFA-372 (S) for Fiscal Year ***2000/01*** for the per capita cost by service was used and estimated forward using a two and eight tenths percent cost of living factor. This inflation factor is based on data provided by the California Department of Finance as of June 30, 2002.

New waiver services

For proposed new services, actual expenditures for Fiscal Year 2000/01 were estimated forward using a two and eight tenths percent cost of living factor. This inflation factor is based on data provided by the California Department of Finance as of June 30, 2002.

Eligible Recipients

The number of eligible recipients was estimated by starting in year one with the last approved number of recipients and increasing regional center caseload to 55,000 in year 2, 60,000 in year 3, 65,000 in year 4, and 70,000 in year 5. Estimates of eligible recipients by service for each proposed year of the waiver were based on the ratio of actual recipients of service to the total recipients of service for Fiscal Year ***2000/01***.

UNIT COST DISTRIBUTION OF FORMULA: FACTOR D

WAIVER SERVICES	Unit	Recipients FY 01	FY 02	FY 03	FY 04	FY 05	Units Per Recipient FY 01	FY 02	FY 03	FY 04	FY 05
A - 1 Homemaker Services	Hour	124	166	181	197	212	110.80	307.73	307.73	307.73	307.73
A - 2 Home Health Aide Svcs	Month	607	816	891	965	1,039	11.76	11.05	11.05	11.05	11.05
A - 3 Respite Care	Month	5,931	8,034	8,765	***14,366***	***19,647***	11.76	11.05	11.05	11.05	11.05
A - 4 Res. Habil. for Children	Month	1,940	1,597	1,742	1,887	2,032	11.76	11.05	11.05	11.05	11.05
A - 5 Day Habitation	Month	27,514	35,217	38,419	41,620	44,822	11.76	11.05	11.05	11.05	11.05
A - 6 Prevocational Services	Month	2,826	7,177	7,830	8,482	9,135	11.76	11.05	11.05	11.05	11.05
A - 7 Supported Emplynt Svcs	Month	1,025	2,869	3,130	3,390	3,651	11.76	11.05	11.05	11.05	11.05
A - 8 Environ. Modifications	Modif.	3	72	78	85	91	1.00	1.00	1.00	1.00	1.00
A - 9 Skilled Nursing	Month	798	2,855	3,114	3,374	3,633	11.76	11.05	11.05	11.05	11.05
A - 10 Transportation	Month	28,030	32,333	35,272	38,211	41,151	11.76	11.05	11.05	11.05	11.05
A - 11 Spec. Med Equip & Sup	Month	783	826	901	976	1,051	11.76	11.05	11.05	11.05	11.05
A - 12 Chore	Month	7	12	14	15	16	78.83	78.83	78.83	78.83	78.83
A - 13 Pers Emerg Resp Sys	Hour	108	267	292	316	340	11.76	11.05	11.05	11.05	11.05
A - 14 Family Training	Month	1,001	100	109	118	127	11.76	11.05	11.05	11.05	11.05
A - 15 Adult Residential	Month	29,054	26,418	28,819	31,221	33,623	11.76	11.05	11.05	11.05	11.05
A - 16 Vehicle Adaptations	Adapt.	75	132	144	156	168	1.00	1.00	1.00	1.00	1.00
A - 17 Communication Aides	Month	696	589	643	696	750	11.76	11.05	11.05	11.05	11.05
A - 18 Mobile Crisis Inter	Month	259	283	309	334	360	11.76	11.05	11.05	11.05	11.05
A - 19 Crisis Interv. Facilities	Month	66	54	59	64	69	11.76	11.05	11.05	11.05	11.05
A - 20 Nutritional Consultant	Month	527	762	831	900	970	11.76	11.05	11.05	11.05	11.05
A - 21 Behavior Intervention Svcs	Month	4,582	1,715	1,871	2,027	2,183	11.76	11.05	11.05	11.05	11.05
A - 22 Spec. Therap. Svcs:											
Oral Health	Service	0	175	191	206	222	0	1.00	1.00	1.00	1.00
MB/SEBI	Hr/Visit	0	79	86	94	101	0	18.69	18.69	18.69	18.69
Physical Health	S/H/V	0	183	200	218	235	0	14.17	14.17	14.17	14.17

UNIT COST DISTRIBUTION OF FORMULA:
FACTOR D (continued)

WAIVER SERVICES	Unit	Average Unit Cost FY 01	FY 02	FY 03	FY 04	FY 05	Estimated Costs (in thousands) FY 01	FY 02	FY 03	FY 04	FY 05
A - 1 Homemaker Services	Hour	$ 23.14	18.97	19.50	20.05	20.61	$ 318	969	1,086	1,215	1,345
A - 2 Home Health Aide Svcs	Month	427.89	613.25	630.42	648.07	666.22	3,054	5,532	6,204	6,909	7,648
A - 3 Respite Care	Month	729.74	232.28	238.79	***282.15***	***290.05***	50,898	20,622	23,126	***44,790***	***62,970***
A - 4 Res. Habil. for Children	Month	1,772.61	1,571.85	1,615.86	1,611.11	1,707.62	40,441	27,736	31,105	34,640	38,350
A - 5 Day Habitation	Month	779.45	867.10	891.38	916.34	942.00	252,202	337,430	378,412	421,425	466,550
A - 6 Prevocational Services	Month	545.03	451.47	464.11	477.11	490.46	18,113	35,806	40,155	44,719	49,508
A - 7 Supported Emplynt Svcs	Month	754.10	585.71	602.11	618.97	636.30	9,090	18,567	20,822	23,189	25,672
A - 8 Environ. Modifications	Modif.	1,344.16	6,343.51	6,521.12	6,703.72	6,891.42	4	454	509	567	627
A - 9 Skilled Nursing	Month	137.79	577.45	593.62	610.24	627.33	1,293	18,216	20,428	22,750	25,187
A - 10 Transportation	Month	134.59	115.59	118.83	122.15	125.57	44,365	41,297	46,313	51,577	57,100
A - 11 Spec. Med Equip & Sup	Month	131.59	160.63	165.13	169.75	174.50	1,212	1,466	1,643	1,830	2,026
A - 12 Chore	Month	12.63	18.22	18.73	19.25	19.79	7	18	20	22	25
A - 13 Pers Emerg Resp Sys	Hour	58.73	34.35	35.32	36.30	37.32	75	102	114	127	140
A - 14 Family Training	Month	176.63	79.83	82.07	84.37	86.73	2,079	88	98	110	121
A - 15 Adult Residential	Month	1,211.80	1,813.99	1,864.78	1,916.99	1,970.67	414,042	529,533	593,847	661,348	732,163
A - 16 Vehicle Adaptations	Adapt.	4,528.24	4,380.20	4,502.84	4,628.92	4,758.53	340	579	649	723	800
A - 17 Communication Aides	Month	68.72	42.15	43.33	44.54	45.79	562	274	308	343	379
A - 18 Mobile Crisis Inter	Month	319.33	233.96	240.51	247.24	254.17	973	732	820	914	1,012
A - 19 Crisis Interv. Facilities	Month	2,219.68	790.50	812.63	835.38	858.77	1,723	475	533	594	657
A - 20 Nutritional Consultant	Month	24.24	25.55	26.27	27.00	27.76	150	215	241	269	297
A - 21 Behavior Intervention Svcs	Month	187.80	169.22	173.96	178.83	183.84	10,119	3,207	3,597	4,005	4,434
A - 22 Spec. Therap. Svcs:											
Oral Health	Service	0.00	667.35	686.04	705.25	725.00	0	117	131	145	161
MB/SEBI	Hr/Visit	0.00	89.54	92.05	94.62	97.27	0	132	148	166	184
Physical Health	S/H/V	0.00	39.36	40.46	41.60	42.76	0	102	114	128	143

APPENDIX G-3
METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

A. The following service(s), other than respite care*, are furnished in residential settings other than the natural home of the individual (e.g., foster homes, group homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

Day Habilitation, Transportation, Specialized medical equipment and supplies, Residential Care, Home health Aide, Intermittent skilled nursing, Communication aides, and Nutritional consultation.

NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.)

B. The following service(s) are furnished in the home of a paid caregiver. (Specify):

Homemaker, Home health aide, Respite, Environmental adaptations, Skilled nursing, Transportation, Specialized medical equipment and supplies, Chore, Communication aides, Mobile crisis intervention, Vehicle adaptations, and Nutritional consultation.

Attached is an explanation of the method used by the State to exclude Medicaid payment for room and board.

ATTACHMENT TO APPENDIX G-3
METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

In California, the Alternative Residential Model Rates Schedule (ARMS) establishes maximum rates for community care residential facilities. The basic rate constitutes the provision of shelter, meals, housekeeping (room and board) and is equivalent to the SSI/SSP rate. Amounts claimed above the SSI/SSP rate cover services provided to clients, which assist them in maintaining community placement by meeting their individual needs. Thus, the room and board amount (SSI/SSP rate) is subtracted from the claim leaving a net claim for service to the State.

The Medicaid Waiver billing system automatically verifies that the amount claimed is net. Any claim that exceeds the ARMS rate less the SSI/SSP amount is suspended from the Medicaid Waiver bill.

APPENDIX G-4
METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN UNRELATED LIVE-IN CAREGIVER

Check one:

____ The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.

__X__ The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

Attached is an explanation of the method used by the State to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver.

ATTACHMENT TO APPENDIX G-4
METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN UNRELATED LIVE-IN CAREGIVER

The following estimates are based on the 2001 Fair Market Rent (FMR) used by HUD for two-bedroom housing, the mean of those rents, and the maximum food stamp allowance for one person. See attachments for rent detail.

½Mean rent[1]	$ 340
Board[2]	122
Total	$ 462

Consumers receiving Supported Living Services[3]	1,902
15% of those have live-in/overnight Services	285.3

Mean room & board cost	$ 462
No. With live-in/overnight service	x 285.3
Potential monthly waiver billing	$131,809

[1] Rent includes utilities, except for telephone.

[2] Based on the maximum food stamp allowance for one person.

[3] Based on number of consumers receiving services under supported living services.

MEAN RENTAL COSTS
California 2001
HUD Fair Market Rents (FMR) for Existing Housing*

Metropolitan FMR Areas	
Bakersfield	$526
Chico/Paradise	$584
Fresno	$517
Los Angeles/Long Beach	$782
Merced	$557
Modesto	$592
Oakland	$1,090
Orange County	$990
Redding	$538
Riverside/San Bernardino	$621
Sacramento	$645
Salinas	$773
San Diego	$856
San Francisco	$1,459
San Jose	$1,399
San Luis Obispo/Atascadero/ Paso Robles	$752
Santa Barbara/Santa Maria/ Lompoc	$897
Santa Cruz/Watsonville	$1,091
Santa Rosa	$946
Stockton/Lodi	$613
Vallejo/Fairfield/Napa	$857
Ventura	$923
Visalia/Tulare/Porterville	$524
Yolo	$688
Yuba City	$505
TOTAL - Metropolitan	$19,725
Mean	$789
Median	$688
Total / drop 3 high, 3 low	$14,230
Mean	$749
Median	$688
TOTAL - Metro/Nonmetro	$33,303
Mean	$680

Non-metropolitan Counties	
Alpine	$526
Amador	$629
Calaveras	$577
Colusa	$488
Del Norte	$577
Glenn	$488
Humboldt	$580
Imperial	$539
Inyo	$556
Kings	$522
Lake	$593
Lassen	$499
Mariposa	$547
Mendocino	$634
Modoc	$488
Mono	$754
Nevada	$707
Plumas	$488
San Benito	$786
Sierra	$512
Siskiyou	$488
Tehama	$488
Trinity	$488
Tuolomne	$624
TOTAL - Nonmetropolitan	$13,578
Mean	$566
Median	$539
Total / drop 3 high, 3 low	$9,867
Mean	$548
Median	$539
Total / drop 3 high, 3 low	$24,097
Mean	$618
Median	$593

APPENDIX G-5

FACTOR D'

LOC: ICF/MR

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

> "The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

> The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services WHILE THE INDIVIDUAL WAS ON THE WAIVER.
>
> The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began AFTER the person's first day of waiver services and ended BEFORE the end of the waiver year IF the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

> If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.
>
> Do NOT include institutional costs incurred BEFORE the person is first served under the waiver in this waiver year.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

APPENDIX G-5

FACTOR D' (cont.)

LOC: ICF/MR

Factor D' is computed as follows (check one):

____ Based on HCFA Form 2082 (relevant pages attached).

____ Based on HCFA Form 372 for years ____ of waiver # ____, which serves a similar target population.

____ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

__X__ Other (specify):

This number is derived from the actual HCFA-372(S), Section III, for Fiscal Year 1998/99. This factor is adjusted for cost-of living, which is applied over the Waiver period. See attachment.

COMMUNITY BASED SERVICES ACUTE CARE CALCULATIONS: FACTOR D'

HCFA 372 Report Service Category	Actual Costs FY 2000/01	Projected Annual Costs 2001/02	2002/03	2003/04	2004/05	2005/06
A.1. Inpatient Hospital	$ 21,339,002	$ 18,277,854	$ 35,065,329	$ 39,323,816	$ 43,792,142	$ 48,483,067
A.2. Physicians	6,133,113	5,350,634	10,078,242	11,302,188	12,586,444	13,934,678
A.3. Outpatient	4,161,929	4,167,251	6,839,092	7,669,661	8,541,157	9,456,068
A.4. Lab/X-Ray	1,949,227	2,988,548	3,203,068	3,592,063	4,000,225	4,428,721
A.5. Drugs	68,498,249	49,376,905	112,559,793	126,229,546	140,572,882	155,630,763
A.6. Other	203,920,550	127,869,910	335,092,580	375,787,686	418,488,062	463,315,652
	$ 306,002,070 [a]	$ 208,031,102	$ 502,838,105	$ 563,904,960	$ 627,980,912	$ 695,248,950
Unduplicated Clients	34,957 [b]	31,099	54,355	59,296	64,237	69,179
Annual Per Capita	$ 8,754	$ 6,689	$ 9,251	$ 9,510	$ 9,776	$ 10,050
Total Factor D'	$ 8,754	$ 6,689	$ 9,251	$ 9,510	$ 9,776	$ 10,050

a. Actual costs, HCFA 372, 10/1/00 to 9/30/01. Section VIII.

b. Total unduplicated recipients, HCFA 372, 10/1/00 to 9/30/01. Worksheet Section VII, B.1.

Note: At June 30, 2002, the California Department of Finance show costs increasing annually by 2.8 percent.

APPENDIX G-6
FACTOR G

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G as:

> "The estimated annual average per capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

____ Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.

__X__ Based on trends shown by HCFA Form 372 for years ***2000/01*** of waiver # **0336**, which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers. See attachment

____ Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached.

____ Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.

____ Other (specify):

_____

_____

_____

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

ATTACHMENT TO APPENDIX G-6
FACTOR G

MEDICAID RECIPIENTS AND REIMBURSEMENT PROJECTIONS: FACTOR G

Factor F
Medical Care Recipients - ICF/MR

	FY 2000/01 a, b	FY 2001/02	FY 2001/02	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06
Developmental Centers	2,543	2,489	2,244	2,436	2,384	2,333	2,283
Community Care Facility	7,139	7,139	7,155	7,241	7,241	7,345	7,450
Sub-total	9,682	9,628	9,399	9,677	9,625	9,678	9,734
Plus Factor C	45,094	55,000	45,094	55,000	60,000	65,000	70,000
Total Factor F	54,776	64,628	54,493	64,677	69,625	74,678	79,734

Factor G
Medical Reimbursement

Annual Costs	c, d						
Developmental Centers	$ 364,914,587	$ 375,132,195	$ 337,352,148	$ 385,635,897	$ 396,433,702	$ 407,533,845	$ 418,944,793
Community Care Facility	245,084,197	251,946,555	251,721,441	259,001,058	266,253,088	273,708,175	281,372,003
Total	$ 609,998,784	$ 627,078,750	$ 589,073,589	$ 644,636,955	$ 662,686,790	$ 681,242,020	$ 700,316,796
Per Annum Costs							
Developmental Centers	$ 143,498	$ 150,729	$ 150,335	$ 158,324	$ 166,302	$ 174,682	$ 183,485
Community Care Facility	34,330	35,292	35,181	35,767	36,769	37,264	37,766
Average	$ 63,003	$ 65,132	$ 62,674	$ 66,615	$ 68,850	$ 70,390	$ 71,948

(a) State Developmental Center Cost Reporting System - Actual clients billed.
(b) DDS, Community Services Division, Regional Center Branch ICF Facilities by Regional Center database.
(c) State Developmental Center Reporting System - Actual costs billed.
(d) HCFA 372 Report, 10/01/00 to 09/30/01, Worksheet Section I, Line B.1., and Worksheet Section II, Line A.1, a., b.
Note: At June 30, 2002, the California Department of Finance show costs increasing annually by 2.8 percent.

APPENDIX G-7
FACTOR G'

LOC: ICF/MR

The July 25, 1994 final regulation defines Factor G' as:

> "The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver, were the waiver not granted.

Include in Factor G' the following:

> The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.
>
> The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

Factor G' is computed as follows (check one):

____ Based on HCFA Form 2082 (relevant pages attached).

__X__ Based on HCFA Form 372 for years **2000/01** of waiver #**0336**, which serves a similar target population. See attachment.

____ Based on a statistically valid sample of plans of care for individuals with the disease or condition specified in item 3 of this request.

____ Other (specify):

INSTITUTIONAL LONG-TERM ACUTE CARE CALCULATIONS: FACTOR G'

HCFA 372 Report Service Category	Actual Costs FY 2000/01	Projected Annual Costs 2001/02	2002/03	2003/04	2004/05	2005/06
A.1. Inpatient Hospital	$ 8,079,272	$ 8,990,774	$ 7,587,971	$ 7,320,395	$ 7,062,254	$ 6,813,216
A.2. Physicians	2,466,467	2,610,934	2,316,481	2,234,794	2,155,988	2,079,961
A.3. Outpatient	1,346,212	1,577,719	1,264,349	1,219,764	1,176,751	1,135,255
A.4. Lab/X-Ray	666,136	1,004,499	625,628	603,567	582,283	561,750
A.5. Drugs	17,401,544	13,903,599	16,343,355	15,767,036	15,211,039	14,674,649
A.6. Other	18,755,292	23,614,083	17,614,781	16,993,628	16,394,378	15,816,259
	[a] $ 48,714,923	$ 51,701,608	$ 45,752,565	$ 44,139,183	$ 42,582,693	$ 41,081,091
Unduplicated Clients: A'	[b] 8,860	8,204	7,803	7,323	6,872	6,449
Annual Per Capita:B'&G'	$ 5,498	$ 6,302	$ 5,863	$ 6,028	$ 6,196	$ 6,370

a. Actual costs, HCFA 372, 10/1/00 to 9/30/01. Worksheet Section IV, A.1.a.,b., through A.6.a.,b.
b. Total unduplicated recipients, HCFA 372, 10/1/00 to 9/30/01. Worksheet Section III, B.1.
Note: At June 30, 2002, the California Department of Finance show costs increasing annually by 2.8 percent.

APPENDIX G-8
DEMONSTRATION OF COST NEUTRALITY

LOC: ICF/MR

YEAR 1				
FACTOR D:	$18,873		FACTOR G:	$62,673
FACTOR D':	6,689		FACTOR G'	6,302
TOTAL	$25,562	≤	TOTAL	$68,975

YEAR 2				
FACTOR D:	$18,969		FACTOR G:	$66,615
FACTOR D':	9,251		FACTOR G'	5,863
TOTAL	$28,220	≤	TOTAL	$72,878

YEAR 3				
FACTOR D:	$19,501		FACTOR G:	$68,850
FACTOR D':	9,510		FACTOR G'	6,028
TOTAL	$29,011	≤	TOTAL	$74,877

YEAR 4				
FACTOR D:	***$20,330***		FACTOR G:	$70,390
FACTOR D':	9,776		FACTOR G'	6,196
TOTAL	***$30,106***	≤	TOTAL	$76,586

YEAR 5				
FACTOR D:	***$21,107***		FACTOR G:	$71,948
FACTOR D':	10,050		FACTOR G'	6,370
TOTAL	***$31,157***	≤	TOTAL	$78,318